10020181524

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

10 MAR 24 PM 1:59

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typover the lines	oying, type	12FE4M5		
L	JIM HUFFMAN FOR S	ENATE	11111					
Ш		<u> </u>	1 1 1	11111		1111	1111	
ADI	ORESS (number and street)	311 [B AVENUE SUI	TE P				
П	(Check if address is changed)	11						
		LAK	OSWEGO	11111	لبب	OR	97034	ــــا-
				CITY		STATE	ZIP C	ODE 📥
CO	MMITTEE'S E-MAIL ADDRI	ESS (Please	provide only one	e-mail address)				
X	(Check if address is changed)	lliske	er@hdafec.con	1			1_1_1_1_1	
L	is changed)					1111		
								ŕ
CO	MMITTEE'S WEB PAGE AI	•	•					
П	(Check if address	WWW L	.jobsfororego	nians.com				لىبىيا
لسا	is changed)					1111	1111	
2.	DATE 0.3 '	17 ' Y	20,10					
3. FEC IDENTIFICATION NUMBER C C00478008								
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4.	IS THIS STATEMENT	NEV	/ (N) OR	X AME	NĎED (A)			
_								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Print Name of Treasurer Lisa Lisker								
$\mathcal{L}_{\mathcal{R}}$								
Sig	nature of Treasurer Elect	ronically File	d by Lisa Lisi	ker .		Date 23]' [].%'	20.10
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
_	Office			For further	er information c	ontact:		
	Use Only			Federal E Toll Free 8	lection Commiss 300-424-9530 -694-1100		FEC F((Revised	

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5.	TYPE OF COMMITTEE (Check One) Candidate Committee:					
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate	JAMES LLOYD II HUFFMAN	1.			
	Candidate Party Affiliat	Office X Senate President	State OR			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comm	With the state of				
	(d)	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Ac	tion Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:			
		Corporation Corporation w/o Capital Stock La	bor Organization			
		Membership Organization Trade Association C	ooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundra	aising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	n or mare molitical			
	(9) LJ	committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	mittees Participating in Joint Fundraiser				
		1. FEC ID number C				
		2 FEC ID number C				
		3. FEC ID number C				
		4. FEC ID number	AA			

		<u> </u>		
Write or Type Committee Name				
JIM HUFFMAN FOR SE	NATE			
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representative, or Lead	lership PAC Sponsor	
NONE	<u> </u>			
	<u> </u>	<u>.</u>	<u> </u>	
Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1		
	CITY▲	STATE A	ZIP CODE A	
Relationship: Connected Organizatio	n Affiliated Committee Joi	nt Fundraising Representative	Leadership PAC Sponsor	
Full Name Lisa L Lisa L Mailing Address	ommittee books and records. Lisa Lisker 228 S. Washington St., Ste. 115			
	Alexandria	VA	22314 _	
Title or Position ♥ Treasure	CITY A	STATE ▲ Telephone number 703	ZIP CODE & - 549 - 7705	
name and address of ar	e and address (phone number optional y designated agent (e.g., assistant treas		ttee; and the	
Mailing Address 228 S. Washington St., Ste. 115				
	Alexandria		22314 _	
Title or Position ♥	CITY A	STATE &	ZIP CODE A	
Treasure	er	Telephone number	_ 549 _ 7705	

CITY 4

STATE 4

ZIP CODE A



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From: Origin ID: LVLA (703) 549-7705 Lisa Lisker Huckaby Davis Lisker 228 S. Washington St., Ste. 115

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Alexandria, VA 22314

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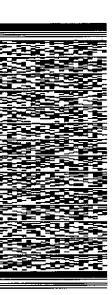
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United States Senate

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