

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

06 AUG 11 PM 1:08

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office use only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Northwest for a Majority Committee

ADDRESS (number and street)

226 S. Washington St., Ste. 115

(Check if address is changed)

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

llisker@hdafec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7036840683

2. DATE

MM / DD / YYYY
08 / 08 / 2008

DD

YYYY

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (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 Lisaker

Signature of Treasurer

Lisa Lisaker
Electronically Filed by Lisa Lisaker

Date

08 / 08 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) 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 _____

Candidate Party Affiliation Office Sought House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MIKE DEWINE FOR US SENATE _____

Mailing Address _____ PO BOX 340186 _____

_____ COLUMBUS _____ OH _____ 43234 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Jnt Cmte Participant _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

26020592553

Write or Type Committee Name

Northwest for a Majority Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Lisa Lisker

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

City STATE ZIP CODE

Treasurer Telephone number 703 548 7705

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Lisa Lisker

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

City STATE ZIP CODE

Treasurer Telephone number 703 549 7705

Full Name of Designated Agent Keith Davis

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

City STATE ZIP CODE

Assistant Treasurer Telephone number 703 549 7705

26020592554

8. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K St., NW

Washington DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

JON KYL FOR U S SENATE _____

Mailing Address PO BOX 10245 _____

PHOENIX AZ 85064 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Jnt Cmte Participant _____

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

26020592556

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____-____-____

26020592557

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

SANTORUM 2006

Mailing Address

ONE TOWER BRIDGE SUITE 1440

WEST CONSHOHOCKEN PA 19428

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Jnt Cmte Participant

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

26020592559

OPENED FOR

SEMOWEYUJID

1 8090 119 587-258851 4184

FedEx **PRIORITY OVERNIGHT** **MED**
FORM 567272 08/10/06
TRACK# 8576 1000 4345 FORM 0215
20510 -00 -US 19 WASA
IAD
DELIVER BY: 09/06/06 R2



XPRAYED
POSTAL SOLUTIONS
POSTAL SOLUTIONS

26020592560

fedex.com 1.800.GoFedEx 1.800.463.3339

RECIPIENT: PEEL HERE

FedEx **US Airbill**
Express

From: The provider you are requesting for shipment is invalid.
Date: 8/8/06 FedEx Tracking Number: 857610004345

Sender Name: LISA LISKEY

Company: MUCKABY DAVID LISKEY Phone: 703 549-7705

Address: 228 S WASHINGTON ST STE 115
ALEXANDRIA

State: VA ZIP: 22314-5404

Recipient Name: Office of Public Records

Address: 232 Hart Senate Office Bldg
Washington

State: DC ZIP: 20510

Address: Washington

0338879226



8576 1000 4345

Want more information?

519

9526502092

NEW Residential Delivery Signature Options Form 567272 08/10/06

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	Aug. 8, 2006	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

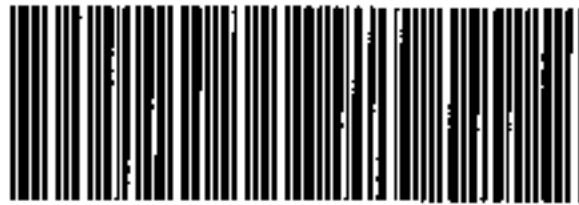
PREPARER glw

DATE PREPARED 8/11/06

26020592561

26020592562

1



26020592562