FEC FORM

STATEMENT OF ORGANIZATION



| FORM 1 | | _ | | | | II. | A P P P |
|--------------------------|---------------|---------------------|---|--------------------------|---|----------------|-------------------------------------|
| | | | | | | | 2011 AND Vise 8 AM 10: 58 |
| 1. NAME OF COMMITTEE (in | full) | | (Check if name is changed) | | ple:If typing, type the lines. | 12FE4N | FEC MAIL CENTER |
| Toomey Pr | osperi | ity F | und | | | | |
| | | J. J. J. | - | | | | |
| | | | | <u> </u> | | لللل | |
| ADDRESS (number and | i street) | 228 S. | Washington St., Ste. | . 115 | | لللل | |
| (Check if add | iress | سا | | 1_1_1_ | | | |
| is changed) | | Alexandria VA 22314 | | | | | |
| | | | | CITY | | STATE | ZIP CODE |
| COMMITTEE'S E-MAIL | _ ADDRES | | | -mail add | ress) | | |
| (Check if a | ddrooo | llisker | @hdafec.com | 1 1 1 | | | |
| (Check if a is changed | | 1 | 1 1 1 1 1 1 | | | | |
| | | <u> </u> | · · · · · · · · · · · · · · · · · · · | 1-1 | · · · · · · · · · · · · · · · · · · · | | |
| COMMITTEE'S WEB I | PAGE ADD | RESS (| URL) | | | | |
| (Check if a | ddress | | | 111 | | | |
| is changed) | | لبا | | <u> </u> | | | |
| 2. DATE 11 | 07 |]′[| 2011 <u>.</u> | | | | |
| 3. FEC IDENTIFICA | ATION NUI | MBER | C | rr | | | |
| 4. IS THIS STATEM | ENT 🔀 | NE | W (N) OR | | AMENDED (A) | | |
| I certify that I have ex | amined this | Staten | nent and to the best | t of my kr | owledge and belief it | is true, corre | ect and complete. |
| Type or Print Name of | i Treasurer | Lisa L | isker | | | | |
| Type of Thirt Hame of | II OLI GLI CI | | 100 | 80 | | | |
| Signatore of Treasurer | Lisa Lisk | er C | Josep. As | $\varphi_{\underline{}}$ | | Date 7 | 7 07 2011 |
| NOTE: Submission of fa | | | | | ect the person signing to | | to the penalties of 2 U.S.C. §437g. |
| 055:00 | | | T T | - T | For further information c | | |
| Office Use Only | | | | F | Federal Election Commissi Foll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |

| F | EC Fo | rm 1 (Revised 02/2009) Page 2 |
|----------------|-------------------|--|
| | | OMMITTEE |
| | didate | * Committee: This committee is a principal committee (Complete the condidate information below) |
| (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 Candi | | |
| Candi Party | date Affiliati | Office State Office Senate President District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Candi | - | |
| Part | y Con | nmittee: |
| (d) | | This committee is a (National, State (Democratic, Republican, etc.) Party |
| Polit | ical A | ction Committee (PAC): |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is |
| | | Corporation Corporation w/o Capital Stock Labor Organization |
| | | Membership Organization Trade Association Cooperative |
| | | 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.) |
| <u></u> | | |
| | | Iraising Representative: |
| (g) | X | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least une of which is an authorized committee of a federal candidate. |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | FRIENDS OF PAT TOOMEY FEC ID number C C00461046 |
| | 2. | PA PROSPERITY FUND PAC FEC ID number C C00493890 |
| | 3. | |
| | 4 | |

228 S. Washington St., Ste. 115

CITY

Alexandria

030684

Mailing Address

Title or Position

Treasurer

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

Clisa Lisker

Mailing Address

Lisa Lisker

Alexandria

CITY

STATE

Lisa Lisker

CITY

STATE

Lisa Lisker

CITY

STATE

Telephone number

Telephone number

Telephone number

22314

703

ZIP CODE

549

7705

VA

STATE

Telephone number

| | FEC Form | n 1 (Revised 02/2009) | Page 4 |
|----|-----------------------------------|--|-----------------|
| | | | |
| | Full Name of Designated | Keith Davis | 1 |
| | Agent | | |
| | Mailing Address | 228 S. Washington St., Ste. 115 | |
| | | <u> </u> | |
| | | Alexandria VA 22314 | . 1-1 1 |
| | | CITY STATE Z | IP CODE |
| | Title or Position Assistant Treas | | 49 - 7705 |
| 9. | | Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. | accounts, rents |
| | | BB&T | |
| | Mailing Address | 1909 K St., NW | |
| | | | |
| | | Washington DC 20006 | لبنيا-لين |
| | | CITY STATE 2 | ZIP CODE |
| | Name of Bank, | Depository, etc. | |
| | | 1 | 1 |
| | | | |
| | Mailing Address | <u> </u> | |
| | | | |
| | | | |
| | | CITY STATE 2 | ZIP CODE |

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Fed Ex Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED