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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Honor and Principles PAC 228 S. Washington St. ADDRESS (number and street) Ste. 115 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00674291 FEC IDENTIFICATION NUMBER > 3. X 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 03 26 2018 Signature of Treasurer Date 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 information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------------|------------------------|--|---|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate |
| | ne of didate | | |
| | didate y Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont | nected organization is a |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (5) | | | areasted fund or porty |
| (f) | × | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated fulld of party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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|--|---|-------------------------------|
| Write or Type Committee Name | | -9 |
| Honor and Prin | ciples PAC | |
| | Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the perso | on in possession of committee |
| Lisker, Lis | a, , , | |
| Mailing Address | 228 S. Washington St. | |
| | Ste. 115 | |
| | Alexandria | 22314 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | 703 Telephone number | 549 7705 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; an assistant treasurer). | d the name and address of |
| Full Name Lisker, Lisa of Treasurer | a, , , | |
| Mailing Address | 228 S. Washington St. | |
| | Ste. 115 | |
| | | 22314 |
| Title or Position Treasurer | CITY STATE 703 Telephone number | ZIP CODE |
| | | |

| 1 20 1 0111 | n 1 (Revised 0 | /2009) | | Page 4 |
|-------------------------------------|-----------------------|--|------------------|--------------------|
| | | | | |
| Full Name of Designated Agent | | | | |
| Mailing Address | L | | | |
| | L | | | |
| | L | CITY | STATE | ZIP CODE |
| Title or Position | | 1 | Telephone number | . - - |
| | | | Total Harrison | |
| • • | oxes or maintai | List all banks or other depositories in whice s funds. | | |
| Name of Bank, I | Depository, etc. | s funds. | | |
| Name of Bank, [| Depository, etc. | s funds. | | |
| Name of Bank, [| Depository, etc. | s funds. | DC | 20006 |
| Name of Bank, [| Depository, etc. | s funds. | DC | 20006 ZIP CODE |
| Name of Bank, [| Depository, etc. | s funds. | | |
| Name of Bank, I | Depository, etc. | s funds. | STATE | ZIP CODE |
| Name of Bank, I | Depository, etc. | s funds. 109 K St., NW 2ashington CITY | STATE | ZIP CODE |
| Name of Bank, [| Depository, etc. | s funds. 109 K St., NW 2ashington CITY | STATE | ZIP CODE |
| Name of Bank, [| Depository, etc. | s funds. 109 K St., NW 2ashington CITY | STATE | ZIP CODE |

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: