RECEIVED

2010 OCT 15 PM 4: 52 FEC MAIL CENTER

FEC STATEMENT OF ORGANIZATION

F	ORM 1			(See instruction				Office use only	,
1.	NAME OF COMMITTEE (in f	full)		(Check if name is changed)		nple: If typying, type the lines	12FE4N		·, ·, ·, ·, · · · · · · · · · · · · · ·
L	Founders Joint	t Çandida	te Con	nmittee II	1.1.1.	<u> </u>			
L	11111				111				لببب
ΑÒΙ	ORESS (number and st	treet)	228	S. Washington S	Street		<u> </u>		لببي
	(Check if address is changed)			e 115 (andria			VA)	2231	4]-
					CITY		STATE	ZIF	CODE 📥
ĊO	MMITTEE'S E-MAI	L ADDRES	S (Plea	se provide only one	e-mail ad	dress)			
П	(Check if address is changed)		kda	vis@hdafec.com					لسسا
ш	is changed)		لللا		للل				
ÇO	MMITTEE'S WEB I	PAGE ADD	RESS (URL)					
	(Check if address is changed)		للل	444444					
			سا						
2.	DATE M M	/ D1	<u>"</u>	2 0.1 0. Y					
3.	FEC IDENTIFICA	ATION NUM	IBER		C]		
4.	IS THIS STATEM	MENT X	NE	W (N) DR		AMENDED (A)	_		
l ce	rtify that I have exami	ned this State	ement an	d to the best of my kno	wledge and	belief it is true, correct and	d complete		-
	•			•	-		•		
Тур	oe or Print Name of	f Treasurer	·	Keith	A. Dav	15			
· · Sig	nature of Treasure	Electro	nically E	illed by Szil	1/1	Lai,	Date	10 / 14	/ Y 2010
NO	TE: Submission of fals					person signing this Stater			§437g.
-	Office Use				i. I 1 1 1	For further information Federal Election Commis Toll Free 800-424-9530			FORM 1 sed 02/2009)

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5.	TYPE	OF CO	MMITTEE (Check One)
	Candi	d <u>ate</u> C	ommitte:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	Ц	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 Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	Comm	
	(d)		(National, State (Democratic, Republican, etc.) Party.
	Politic	cal Act	ion Committee (PAC):
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			Mambership Organization Trade Association Cooperative
	/ f)	_	In addition, this committee is a Lobbyist/Registrant PAC.
•	(f)	Ц	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 I	Fundra	ising Representative:
	(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one 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. CARLY FOR CALIFORNIA INC FEC ID number C C08469924
			ROSSI FOR SENATE 2. FEC ID number C C00484824
			3. BRUUN FOR CONGRESS FEC ID number C C00468991
			CANSECO FOR CONGRESS FEC ID number C C00394353

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Write or Type Committee Nam	е						
Founders Joint Candi	date Committee II						
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Repre	sentative, or Lea	dership PAC Sponsor				
NONE	 	11111					
	<u> </u>		<u> </u>				
Mailing Address							
		ا لیا					
	CITY	STATE A	ZIP CODE				
Relationship: Connected Organizat	ion Affiliated Committee Joint Fundraising Re	epresentative	Leadership PAC Sponsor				
possession of Committee	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name						
Mailing Address	228 S. Washington Street Suite 115						
	Alexaudria	_VA	22314 _				
Title or Position ♥ Treasur	CITY A Telephone no	STATE▲ umber 703	ZIP CODE &				
	ne and address (phone number optional) of the treasure any designated agent (e.g., assistant treasurer).	er of the committ	ee; and the				
Full Name of Treasurer Keit	h A. Davis						
Mailing Address	228 S. Washington Street	·					
	Suite 115						
	Alexandria	VA	22314				
Title or Positian ♥	CITY A	STATE	ZIP CODE A				
Treasu	rer Telephone n	703 number	549 7705				

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Full Name of Designated Agent	Lisa R. Lisker					
Mailing Address	228 S. Washington St	reet				
	Suite 115					
	Alexandria	VA	22314 –			
itle or Position♥	CITY A	STATE &	ZIP CODE A			
Assista	ant Treasurer	Telephone number 703	<u>549</u> _ <u>7705</u>			
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.						
lame of Bank, Depository, etc.						
, B l	B&T		1 1 1 1 1 1 1 1 1 1 1			
Mailing Address	1909 K Street NW					
	Washington	DC	20006 _			
	CITY 4	STATE	ZIP CODE A			
Name of Bank, Deposit	ory, etc.					
Mailing Address						
		1 1 1				

safety depesit boxes or mai Name of Bank, Depository,		ŗ	ADDITIONAL]
vame of Bank, Depository,	etc.	•	,
<u> </u>			
Mailing Address			
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	CITY 🛦	STATE 4	ZIP CODE 🛕
Name of Any Connected	Organization, Affiliated Committee, Joint Fundrals	sing Representative, or Lead	[ADDITIONA ership PAC Sponsor
Mailing Address			
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tionship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundrais	sing Representative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
•			
THE ENDING		A = = = -	
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
		Telephone number	
Joint Fundraiser Particip	pant		[ADDITIONAL]
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Name of Bank, Depository, et	ains funds. c.	[ADDITIONAL]
1			
Mailing Address			
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	CITY 🛦	STATE	ZIP CODE 🛕
Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising	Representative, or Lead	[ADDITIONAL ership PAC Sponsor
: 			
Mailing Address			
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: ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	dership PAC Sponsor
Dosignated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
!			
· ·			
Title or Position ♥	CITY A	STATE ∆	ZIP CODE A
		phone number	
Joint Fundraiser Participar	nt .		[ADDITIONAL]
Joint Fungraiser Participar			

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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** 10/15/0 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** 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): PREPARER