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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) FLORIDIANS FOR A SENATE MAJORITY 228 S WASHINGTON ST STE 115 ADDRESS (number and street) (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 30 2014 C00566083 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. Lisa Lisker Type or Print Name of Treasurer Lisa Lisker [Electronically Filed] 07 30 2014 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

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|--------------|---|--|---|--|--|
| | | rm 1 (Revised 02/2009) | Page 2 | | |
| | | OMMITTEE • Committee: | | | |
| (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 Cand | e of didate | | | | |
| | didate / Affiliati | on Office Sought: House X Senate President | State AR District 04 | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| Name Cand | e of lidate | | | | |
| Pari | ty Con | nmittee: | | | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. | | |
| Poli | tical A | ction Committee (PAC): | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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. | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee) | regated fund or party | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | |
| Join | t Fund | Iraising Representative: | | | |
| (g) | X | 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. | or more political | | |
| | Com | mittees Participating in Joint Fundraiser | | | |
| | 1. | COTTON FOR SENATE FEC ID number C C004 | 99988 | | |
| | 2. | JONI ERNST FOR US SENATE INC FEC ID number C C005 | 46788 | | |
| | 3. | CORY GARDNER FOR SENATE FEC ID number C C0049 | 92454 | | |
| | 4 | DR MONICA WEHBY FOR US SENATE FEC ID number C C0055 | 60996 | | |

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| Write or Type Comm | nittee Name | |
| FLORIDIA | ANS FOR A SENATE MAJORITY | |
| 6. Name of Any Co | onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | |
| NONE | | ı |
| | | _ |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE ZIP CODE | |
| Relationship: | Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons | or |
| | | |
| | cords: Identify by name, address (phone number optional) and position of the person in possession of committee | эе |
| books and records | | |
| Full Name | Lisa Lisker | |
| Mailing Address | 228 S. Washington St., Ste. 115 | |
| - | <u> </u> | |
| | Alexandria VA 22314 | |
| Title or Position | CITY STATE ZIP CODE | _ |
| THE OF PUSHION | CITY STATE ZIP CODE | |
| Treasurer | Telephone number 703 - 549 - 7705 | |
| | | _ |
| | e name and address (phone number optional) of the treasurer of the committee; and the name and address of gent (e.g., assistant treasurer). | |
| Full Name . | Lisa Lisker | |
| of Treasurer | | |
| Mailing Address | 228 S. Washington St., Ste. 115 | |
| | | |
| | Alexandria | |
| Title or Position | CITY STATE ZIP CODE | |
| Treasurer | Tolophono number 703 549 7705 | - |

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|---|---------------------------------|------------|--|--|--|--|--|
| | | | | | | | |
| Full Name of Designated | Keith Davis | | | | | | |
| Agent | 228 S. Washington St., Ste. 115 | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | Alexandria VA 22314 | 4 | | | | | |
| | CITY STATE | ZIP CODE | | | | | |
| Title or Position Assistant Treasu | urer | 549 - 7705 | | | | | |
| 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 | S | | | | | |
| | CITY STATE | ZIP CODE | | | | | |
| Name of Bank, D | Depository, etc. | | | | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | CITY STATE | ZIP CODE | | | | | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant **AK SENATE NOMINEE FUND-2014** C00566091 FEC ID number