

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

Team Timmons

ADDRESS (number and street)

228 S. Washington St.

 (Check if address  
is changed)

Ste. 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

llisker@hdfec.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

2. DATE

04 / 24 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00703892

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 Lisker, Lisa, , ,

Signature of Treasurer

Lisker, Lisa, , ,

[Electronically Filed]

Date

04 / 24 / 2019

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

## Team Timmons

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**NONE**

### Mailing Address

CITY					STATE		ZIP CODE		

CITY

## STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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	Lisker, Lisa, ,
Mailing Address	228 S. Washington St. Ste. 115
	Alexandria      VA      22314

**Title or Position** **CITY** **STATE** **ZIP CODE**

**CITY**

## STATE

ZIP CODE

Treasurer \_\_\_\_\_ Telephone number \_\_\_\_\_

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	Lisker, Lisa, , ,
Mailing Address	228 S. Washington St. Ste. 115
	Alexandria
	CITY
	VA
	22314
	-
	ZIP CODE

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **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

1909 K St., NW

Mailing Address

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE