Only

## STATEMENT OF

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**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. Stronger Washington 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 tmoose@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00780262 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] 05 2021 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

Local 202-694-1100

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		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. (Cominformation below.)	plete the candidate
Name Cand	e of lidate		
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	mittee:	(Domogratic
(d)		This committee is a (National, State or subordinate) committee of the	(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 cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Comi	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		-
Stronger Washi	ngton PAC	
	organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
SMILEY, TIFFANY, , ,		
Mailing Address	161 FRASER DR.	
	PASCO WA 99	9301 
	CITY STATE	ZIP CODE
	Organization Affiliated Committee Joint Fundraising Representative  tify by name, address (phone number optional) and position of the person	x Leadership PAC Sponsor in possession of committee
books and records.		·
Lisker, Lisa	a, , ,	
Full Name	228 S. Washington St.	
Mailing Address	Ste. 115	
	Alexandria VA 22	2314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	_ 281 _ 7540
. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and to ssistant treasurer).	the name and address of
Full Name Lisker, Lisa	<b>,</b> , ,	
of Treasurer	228 S. Washington St.	
Mailing Address	Ste. 115	
		2314   _
	CITY STATE	ZIP CODE
Title or Position Treasurer	703 Telephone number	-  281  -  7540

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Full Name of Designated Agent	Moose, Taylor, , ,	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria VA 22314  CITY STATE ZIP	CODE
Title or Position Assistant Treas	urer	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.	counts, rents
Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor	L. L
safety deposit be Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW	
safety deposit be Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor  Washington  DC 20005	CODE
safety deposit be Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor  Washington  CITY  STATE  ZIF	
safety deposit be Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor  Washington  CITY  STATE  ZIF  Depository, etc.	
Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor  Washington  CITY  STATE  ZIF	
safety deposit be Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor  Washington  CITY  STATE  ZIF  Depository, etc.	
Name of Bank, I	Depository, etc.  Truist/BB&T  1445 New York Ave., NW  4th Floor  Washington  CITY  STATE  ZIF  Depository, etc.	