## 28039830927

FEC FORM 1

## **STATEMENT OF ORGANIZATION**

2018 SEP 10 AM 10: 30

|  | _                    | (See instructi             |                                   | tais on  |  | Office use only                 |
|--|----------------------|----------------------------|-----------------------------------|--|--|---------------------------------|
| NAME OF COMMITTEE (in formal committee)  | ull)                 | (Check if name is changed) | Example: If typ<br>over the lines | ying, type   | 12FF4M5  |                                 |
| Hackett Pennsy   | /Ivania Victory      | Committee                  |                                   |  |  |                                 |
|  | <u></u>              |                            |                                   |  |  |                                 |
| ADDRESS (number and st   | reet) 228            | S. Washington              | St., Ste. 115                     |  |  |                                 |
| (Check if addre  |                      | <del></del>                | 1111                              |  |  |                                 |
| is orialized)  | Ale                  | xandria                    |                                   | لبيا   | LYA L  | 22314 -                         |
| COMMITTEE'S E-MAIL   | ADDRESS              |                            | CITY                              |  | STATE  | ZIP CODE 📥                      |
| llisker@hdafec   |                      |                            |                                   |  | <u>. _   .  .  .  .  .  .  .  .  .  .  .  .  .</u> |                                 |
|  | 1                    |                            | 1 1 1 1 1 1 1                     |  |  |                                 |
| COMMITTEE'S WEB P  | AGE ADDRESS          | (URL)                      |                                   |  |  |                                 |
|  | <del></del>          |                            |                                   |  | <del></del>  |                                 |
|  |                      |                            | 1.1.1.1.1.1.                      |  |  | 111111                          |
| COMMITTEE'S FAX NI 7036840683  | JMBÉR                | لــا                       |                                   |  |  |                                 |
| 2. DATE 0.9  | ' 08 '               | 20.08.                     |                                   |  |  |                                 |
| 3. FEC IDENTIFICAT   | TION NUMBER          |                            | С                                 |  |  | ·                               |
| 4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)  |                      |                            |                                   |  |  |                                 |
| I certify that I have examin   | ned this Statement a | and to the best of my kn   | nowledge and belief it is         | true, correct and  | d complete   |                                 |
| Type or Print Name of Treasurer  Lisa Lisker   |                      |                            |                                   |  |  |                                 |
| Signature of Treasurer   | Electronically (     | Filed by Lisa Lisk         | er                                |  | Date M.  | 1 02 ' 200 K                    |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS |                      |                            |                                   |  |  |                                 |
| Office<br>Use<br>Only<br>FE3AN042.PDF  |                      |                            | Federal El                        | er Information c<br>lection Commiss<br>300-424-9530<br>-694-1100 |  | FEC FORM 1<br>(Revised 12/2007) |

|   | •   |                     | 7111 1 (NOVICE 12201)  | raye 4                                       |  |     |
|---|---|---------------------|--|--|--|-----|
| 5. TYPE OF COMMITTEE (Check One)  Candidate Committee:  (a) This committee is a principal campaign committee. (Complete the candidate information below.) |   |                     |  |  |  |     |
|   |   |                     |  |  |  | (b) |
| Name of Candidate   |   |                     |  |  |  |     |
|   | Cand<br>Party   | idate<br>Affiliatio | Office House Senate  | State President District                     |  |     |
|   | d committee.  |                     |  |  |  |     |
|   | Name<br>Cand  |                     |  | <u></u>                                      |  |     |
|   | Party   | Comm                | the state of the s |  |  |     |
|   | (d)   |                     | This committee is a (National, State (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party.      |  |     |
|   | Political Action Committee (PAC):   |                     |  |  |  |     |
|   | (e)   |                     | 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                                  |  |     |
|   | <b>(f)</b>  |                     | This committee supports/opposes more than one Federal candidate, and is NO committee. (i.e., nonconnected committee)   | T a separate segregated fund or party        |  |     |
|   |   |                     | In addition, this committee is a Leadership PAC. (Identify sponsor on line   | 6.)  |  |     |
|   | Joint   | Fundra              | Ising Representative:  |  |  |     |
|   | Joint Fundralsing 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.  |                     |  |  |  |     |
|   |   |                     |  |  |  |     |
|   | Committees Participating in Joint Fundraiser    CHRIS HACKETT FOR CONGRESS   CONGRESS |                     |  |  |  |     |
|   |   |                     | 1 FEC ID numb  | er C C00438457                               |  |     |
|   |   |                     | 2. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA FEC ID numb  | er C C00044842                               |  |     |
|   |   |                     | 3. FEC ID numb   | er C   |  |     |
|   |   |                     | 4. FEC ID numb   | er C   |  |     |
|   |   |                     | 5. FEC ID numb   | er C   |  |     |

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|-----------------------------------|---|------------------------------|------------------------------|--|--|--|
| Write or Type Committee Na        |   |                              |                              |  |  |  |
| Hackett Pennsylvani               | a Victory Committee   |                              |                              |  |  |  |
| 6. Name of Any Connected          | Organization, Affiliated Committee, Leadership P.   | AC Sponsor or Joint Fundrais | ing Representative           |  |  |  |
| , NONE                            |   |                              | <u> </u>                     |  |  |  |
|                                   | <del>                                      </del>   |                              | <u> </u>                     |  |  |  |
| Mailing Address                   |   |                              | <del> </del>                 |  |  |  |
|                                   |   |                              | <u> </u>                     |  |  |  |
|                                   |   | ا ليا ليب                    | <u> </u>                     |  |  |  |
|                                   | CITY▲   | STATE A                      | ZIP CODE                     |  |  |  |
| Relationship:  Connected Organiza | tion Affiliated Committee Leaders   | ship PAC Sponsor             | t Fundraising Representative |  |  |  |
| possession of Commit              | Identify by name, address, (phone number of tee books and records.  a Lisker  228 S. Washington St., Ste. |                              |                              |  |  |  |
|                                   | Alexandria  | VA                           | 22314 _                      |  |  |  |
| Title or Position ♥  Treasu       | CITY A  | STATE A Telephone number 703 | ZIP CODE & - 549 - 7705      |  |  |  |
|                                   | me and address (phone number optional) of any designated agent (e.g., assistant treasurer                 |                              | tee; and the                 |  |  |  |
| Full Name<br>of Treasurer Lis     | a Lisker  |                              |                              |  |  |  |
| Mailing Address                   | 228 S. Washington St., Ste. 115   |                              |                              |  |  |  |
|                                   | Alexandria  | VA                           | 22314                        |  |  |  |
| Title or Position ♥               | CITY A  | STATE A                      | ZIP CODE A                   |  |  |  |
| Treasi                            | urer  | Telephone number             | _ 549 _ 7705                 |  |  |  |
|                                   |   | releptione fluitibel         | <del></del>                  |  |  |  |

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|---|--|------------------------|-----------------------|--|--|
| Full Name of<br>Designated<br>Agent   | Keith Davis  |                        |                       |  |  |
| Mailing Address   | 228 S. Washington St., Ste. 115  |                        |                       |  |  |
|   | Alexandria   | VA                     | 22314 –               |  |  |
| Title or Position ♥   | CITY A   | STATE A                | ZIP CODE A            |  |  |
| Assistar  | nt Treasurer Telephor  | ne number 703          | 549 7705              |  |  |
|   |  |                        |                       |  |  |
| Banks or Other Deposite<br>safety deposit boxes or m<br>Name of Bank, Depositor                 | aintains funds.  | nmittee deposits funds | holds accounts, rents |  |  |
| safety deposit boxes or m   | aintains funds.<br>y, etc.   | nmittee deposits funds | holds accounts, rents |  |  |
| safety deposit boxes or m<br>Name of Bank, Depositor  | aintains funds.<br>y, etc.<br>&T   | nmittee deposits funds | holds accounts, rents |  |  |
| safety deposit boxes or m<br>Name of Bank, Depositor  | aintains funds.<br>y, etc.<br>&T   | nmittee deposits funds | holds accounts, rents |  |  |
| safety deposit boxes or m<br>Name of Bank, Depositor  | aintains funds.<br>y, etc.<br>&T   | nmittee deposits funds | holds accounts, rents |  |  |
| safety deposit boxes or m<br>Name of Bank, Depositor  | aintains funds. y, etc.  &T  1909 K St., NW  Washington                  |                        |                       |  |  |
| safety deposit boxes or m<br>Name of Bank, Depositor  | aintains funds. y, etc.  8T  1909 K St., NW  Washington  CITY            |                        | 20006]                |  |  |
| safety deposit boxes or m Name of Bank, Depositor  BB  Mailing Address                          | aintains funds. y, etc.  at 1909 K St., NW  Washington  CITY Δ  y, etc.  | DC STATE △             | 20006]                |  |  |
| safety deposit boxes or m Name of Bank, Depositor  BB  Mailing Address                          | aintains funds. y, etc.  at 1909 K St., NW  Washington  CITY Δ  y, etc.  | DC STATE △             | 20006 ZIP CODE _A     |  |  |
| safety deposit boxes or m Name of Bank, Depositor  BB  Mailing Address  Name of Bank, Depositor | aintains funds. y, etc.  8T  1909 K St., NW  Washington  CITY Δ  y, etc. | DC STATE △             | 20006 ZIP CODE _A     |  |  |
| safety deposit boxes or m Name of Bank, Depositor  BB  Mailing Address  Name of Bank, Depositor | aintains funds. y, etc.  8T  1909 K St., NW  Washington  CITY Δ  y, etc. | DC STATE △             | 20006 ZIP CODE _A     |  |  |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h |                      |
|--|----------------------|
| Hand Delivered   | Date of Receipt      |
| USPS First Class Mail  | Postmarked           |
| USPS Registered/Certified  | Postmarked (R/C)     |
| USPS Priority Mail   | Postmarked           |
| Delivery Confirmation™ or Signature Confirm  | nation™ Label        |
| USPS Express Mail  | Postmarked           |
| Postmark Illegible   |                      |
| No Postmark  |                      |
| Overnight Delivery Service (Specify): Fred 547   | Shipping Date        |
| Next Business  | Day Delivery         |
| 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      |
| Other (Specify):   | eceipt or Postmarked |
| Ins  | 9/10/08              |
| (3/2005)   | DATE PREPARED        |