STATEMENT OF

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| FEC FORM 1 | | ORGAN | IIZATI | ION | | w |
|--|--------------------|------------------------------------|--------------|--|---------------------|---------------------------------|
| NAME OF COMMITTEE (ir | n full) | (Check if naming the changed) | | xample:If typing, type | 12FE4M5 | iffice Use Only |
| | | ERVATIVES I | | | | |
| | | | | | | |
| ADDRESS (number o | nd atract) | 228 S. Washington St., | Ste. 115 | | | |
| ADDRESS (number and street) (Check if address | | | | | | |
| is changed | d) | Alexandria CITY | | | VA 223 | 314 ZIP CODE ▲ |
| COMMITTEE'S E-MA | AIL ADDRES | | | | | |
| (Check if a | address | llisker@hdafec.co | m | | | ı |
| is changed | d) | Optional Second E-M | ail Address | | | |
| | | kdavis@hdafec. | com | | | |
| COMMITTEE'S WEB X (Check if a is changed) | address | DRESS (URL) www.senateconservation | ves.com | | | |
| 2. DATE 0 | 7 / D | D / Y Y Y Y Y 2012 | | | | |
| 3. FEC IDENTIFIC | CATION NU | IMBER ▶ | C00448 | 696 | | |
| 4. IS THIS STATEM | MENT | NEW (N) | R | X AMENDED (A) | | |
| I certify that I have e | examined thi | is Statement and to the | e best of my | / knowledge and belief it i | s true, correct and | d complete. |
| Type or Print Name | of Treasurer | Lisa Lisker | | | | |
| Signature of Treasure | er <i>Lisa L</i> i | isker | | [Electronically Filed] | Date 07 | 01 / 2012 |
| NOTE: Submission of | | | | subject the person signing th | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| | EEO F - | **** 1 (Paying 02/2000) | Page 2 |
|-------------|-----------------------|--|--|
| | | rm 1 (Revised 02/2009) OMMITTEE | Page 2 |
| | | e 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. (Con information below.) | nplete the candidate |
| Nam Can | e of didate | | |
| | didate y Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected 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) | X | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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 | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revised 0 | | Page 3 |
|---|---|---------------------|
| Write or Type Committee Name | | |
| SENATE CONS | SERVATIVES FUND | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | | _ - |
| | CITY STATE ZI | P CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representative Leader | ership PAC Sponsor |
| Custodian of Records: Iden books and records. | ntify by name, address (phone number optional) and position of the person in posse | ession of committee |
| Lisa Lisker | r | ı |
| Full Name | ,228 S. Washington St., Ste. 115 | |
| Mailing Address | | |
| | | |
| | Alexandria VA 22314 | |
| Title or Position | CITY STATE ZI | P CODE |
| Treasurer | Telephone number 703 - 54 | 9 7705 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer). | e and address of |
| Full Name Lisa Lisker of Treasurer | | |
| Mailing Address | 228 S. Washington St., Ste. 115 | |
| | | |
| | Alexandria VA 22314 | |
| Title or Position | CITY STATE ZII | P CODE |
| Treasurer | | 9 - 7705 |

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|--|---|----------------|
| | | |
| Full Name of Designated | Keith Davis | |
| Agent [| | |
| Mailing Address | 228 S. Washington St., Ste. 115 | |
| | | |
| | Alexandria VA 22314 | - |
| | CITY STATE | ZIP CODE |
| Title or Position Assistant Treasur | rer | 549 - 7705 |
| cofoty donacit have | Depositories: List all banks or other depositories in which the committee deposits funds, hold es or maintains funds. | |
| Name of Bank, De | epository, etc. | |
| Name of Bank, De | epository, etc. Wells Fargo | |
| Name of Bank, De | epository, etc. | |
| Name of Bank, De | epository, etc. Wells Fargo | |
| Name of Bank, De | epository, etc. Wells Fargo | |
| Name of Bank, De | Wells Fargo 330 N. Washington St. | ZIP CODE |
| Name of Bank, De | Wells Fargo 330 N. Washington St. Alexandria CITY STATE | ZIP CODE |
| Name of Bank, De Mailing Address Name of Bank, De | Wells Fargo 330 N. Washington St. Alexandria CITY STATE Pository, etc. | ZIP CODE |
| Name of Bank, De Mailing Address Name of Bank, De | Wells Fargo 330 N. Washington St. Alexandria CITY STATE Capital One | ZIP CODE |
| Name of Bank, De Mailing Address Name of Bank, De | Wells Fargo 330 N. Washington St. Alexandria CITY STATE Pository, etc. | ZIP CODE |
| Name of Bank, De | Wells Fargo 330 N. Washington St. Alexandria CITY STATE Capital One | ZIP CODE |
| Name of Bank, De | Wells Fargo 330 N. Washington St. Alexandria CITY STATE Capital One | ZIP CODE |

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A Transaction ID:

Amended to remove Senator Jim DeMint as the sponsor of a Leadership PAC. The Senate Conservatives Fund will no longer be the leadership PAC of Senator Jim DeMint. In addition, the Senate Conservatives Fund will no longer be affiliated with MINT PAC.

Form/Schedule: Transaction ID: