PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 X COMMITTEE (in full) over the lines. is changed) HOUSE MAJORITY TRUST 228 S WASHINGTON STREET SUITE 115 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kdavis@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00480061 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. Keith A. Davis Type or Print Name of Treasurer Keith A. Davis [Electronically Filed] 09 19 2013 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. **FEC FORM 1** 

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

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	F COMMITTEE					
Candid	late 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 of Candida						
Candida Party Af	00	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidat						
Party (	Committee:					
(d)	· · · ·	Democratic, Republican, etc.) Party.				
Politica	al Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)					
Joint F	undraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.	o or more political				
C	Committees Participating in Joint Fundraiser					
1	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE  .	75820				
2	REPUBLICAN NATIONAL COMMITTEE  FEC ID number C C000	03418				
3	.           FEC ID number					
4	.					

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Write or Type Committee N		. 430 2
	ORITY TRUST	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of t	the person in possession of committee
Keith A	A. Davis	
Mailing Address	228 S. Washington Street	
ividiling Address	Suite 115	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	703 549 7705
3. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	ittee; and the name and address of
1 411 1441110	A. Davis	
of Treasurer	228 S. Washington Street	
Mailing Address		
	Suite 115	
	Alexandria VA CITY STATE	
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE  703 - 549 - 7705

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Full Name of Designated Agent	Lisa R. Lisker					
Mailing Address	228 S. Washington Street					
, and the second	Suite 115					
	Alexandria VA 22314 CITY STATE	ZIP CODE				
Title or Position Assistant Treas	surer Telephone number 703 –	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 Street NW					
	Washington DC 20006					
	CITY STATE					
	5	ZIP CODE				
Name of Bank, I		ZIP CODE				
Name of Bank,		ZIP CODE				
	Depository, etc.	ZIP CODE				
Name of Bank, I	Depository, etc.	ZIP CODE				
	Depository, etc.	ZIP CODE				