Only

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STATEMENT OF **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. MONDAY MEETING PAC 228 S. WASHINGTON STREET ADDRESS (number and street) **SUITE 115** (Check if address is changed) ALEXANDRIA 22314 VACITY 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 09 2017 C00494567 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. Davis, Keith A., , , Type or Print Name of Treasurer Davis, Keith A.,,, [Electronically Filed] 02 2017 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				
Cai	ndidate	didate 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.)				
	ne of ididate					
	didate ty Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	ne of didate					
Par	rty Con	nmittee:				
(d)			(Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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 segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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			
	Com	Committees Participating in Joint Fundraiser				
	1.	NEBRASKA SANDHILLS PAC FEC ID number C C009	540054			
	2.	21ST CENTURY MAJORITY FUND FEC ID number C C003	361956			
	3.		343947			
	4.	NRSC	27466			

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Write or Type Committee N	Name	
MONDAY ME	EETING PAC	
Name of Any Connect	cted Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records: books and records.	s: Identify by name, address (phone number optional) and position of the perso	n in possession of committe
Davis	is, Keith A., , ,	
Full Name	,228 S. Washington Street	
Mailing Address	Suite 115	
		22314
	Acceptance	22314
Title or Position	CITY STATE	22314
Title or Position Treasurer		
Treasurer Treasurer: List the name	CITY STATE	ZIP CODE
Treasurer: List the name any designated agent (e	CITY STATE Telephone number 703 Telephone number optional) of the treasurer of the committee; and	ZIP CODE
Treasurer Treasurer: List the name any designated agent (efficiency provided the second provided the seco	CITY STATE 703 Telephone number me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	ZIP CODE
Treasurer Treasurer: List the name any designated agent (efficiency for the second se	CITY STATE Telephone number me and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer). s, Keith A., , ,	ZIP CODE
Treasurer: List the name any designated agent (effective formula of the surface o	CITY STATE Telephone number me and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer). s, Keith A., , , 228 S. Washington Street Suite 115	ZIP CODE

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Full Name of Designated Agent Lisker, Lis	a R., , ,						
Mailing Address	228 S. Washington Street						
	Suite 115						
	Alexandria	VA 22314 STATE	ZIP CODE				
Title or Position Assistant Treasurer	Telephone no	umber	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	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY	STATE	ZIP CODE				