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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 SUITE 115 ADDRESS (number and street) (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 2015 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. Keith A. Davis Type or Print Name of Treasurer Keith A. Davis [Electronically Filed] 01 2015 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 Only

Local 202-694-1100

		. (7)	5 2			
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	TYPE OF COMMITTEE  Candidate 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 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 Can	ne of didate					
Par	ty 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 conn	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)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (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.)				
Join	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)	X	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.	or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	NATIONAL REPUBLICAN SENATORIAL COMMITTEE FEC ID number C C000	27466			
	2.	21ST CENTURY MAJORITY FUND FEC ID number C C003	61956			
	3.	KELLY PAC FEC ID number C C004	93411			
	4.	NEXT CENTURY FUND FEC ID number C C0034	13947			

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Write or Type Committee Name		i age <b>y</b>
MONDAY MEE		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	o PAC Sponsor
NONE		1 1 1 1 1 1 1
	<u> </u>	
Mallion Address		
Mailing Address		
	CITY STATE Z	P CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	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
Keith A. Da	avis	1
Full Name	228 S. Washington Street	
Mailing Address	Suite 115	
	Alexandria VA 22314	
Title or Position	CITY STATE ZI	P CODE
Treasurer	Telephone number 703 52	9 7705
B. <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 the name assistant treasurer).	e and address of
Full Name Keith A. Da	avis	
Mailing Address	228 S. Washington Street	
	Suite 115	
	Alexandria VA 22314	
Title or Position Treasurer	, 703 , 54	P CODE 9
<u> </u>	Telephone number	   

9.

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Full Name of Designated	Lisa R. Lisker	1					
Agent	<sub>1</sub> 228 S. Washington Street						
Mailing Address	Suite 115						
	Alexandria VA 22314						
Title or Position	CITY STATE ZIF	CODE					
Treasurer		9 - 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 ZII	P CODE					
Name of Bank, Depository, etc.							
Mailing Address							
	CITY STATE ZII	P CODE					