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2009 DEC -9 PM 12: 26

## FEC FORM

29030200759

## STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION						
		(See instruction	ons)		Office use only			
1. NAME OF COMMITTEE	in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5				
Accountabi	lity PAC							
1	<u> </u>	<u> </u>						
ADDRESS (number:	and street)	228 S. Washington S	treet	<u></u>				
(Check if address		Suite 115	1 1 1 1 1 1 1 1 1 1 1					
is changed)	:	Alexandria		LYA]	22314			
			CITY	STATE	ZIP CODE 📥			
COMMITTEE'S E-	MAIL ADDRESS	(Please provide only one	e-mail address)					
(Check if addr	ess	kdavis@hdafec.com						
is changed)	. [	<del>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>		<u> </u>				
COMMITTEE'S W	EB PAGE ADDRI	ESS (URL)						
(Check if address	ress							
is changed)	- 1							
	_		, , <u>, , , , , , , , , , , , , , , , , </u>	<del></del>	<del></del>			
- F								
2. DATE	12 ' 08	/ <u> </u>						
3. FEC IDENTIF	ICATION NUMB	≣R [	С	]				
4. IS THIS STAT	EMENT X	NEW (N) OR	AMENDED (A)					
	_		<del>_</del>					
I certify that I have ex	amined this Stateme	ent and to the best of my know	ledge and belief it is true, correct and	complete				
, , , , , , , , , , , , , , , , , , , ,		•	-					
Type or Print Name	e of Treasurer	Keith A. Davis	3					
Signature of Treas	urer /	aHA. L	) . w.,	Date 12	' 08 ' 20q9', '			
NOTE. Submission of	false, erroneous, or	incomplete information may s	subject the person signing this Statem	ent to the penalties of	of 2 U.S.C. §437g.			
	AN	Y CHANGE IN INFORMA	TION SHOULD BE REPORTED	WITHIN 10 DAYS	5			
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)			

29030200760

FEC Form 1 (Revised 02/2009)

Cand	id <u>ate</u> C	ommittee:
(a)	Ц	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 Cand		
Cand Party	idate Affiliati	on Office State President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		: <u> </u>
	Comn	
(d)		(National, State This committee is a (Democratic, Republican,etc.) Party.
Politi	cal Ac	tion 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
		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 segregated fund or party
	النبينيا	committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fundra	sising Representative:
(g)		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.
	Com	mittees Participating in Joint Fundraiser
		1 FEC ID number C
		2. FEC ID number
		3. FEC ID number

FEC ID number

Write or Type Committee Name			<del></del>
	e		
Accountability PAC			
. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Lea	dership PAC Sponsor
BILL POSEY		<u> </u>	111.
<u> </u>		<u> </u>	
Mailing Address	1803 HENSLEY DRIVE	<u> </u>	<u> </u>
	1		
	ROCKLEDGE	<b>FL</b>	32955
	CITY	STATE	ZIP CODE
Relationship:			
Connected Organization	on Affiliated Committee Joint Fund	draising Representative	Leadership PAC Spons
Mailing Address	228 S. Washington Street		
	Suite 115		
	Suite 115	<del></del>	
	Alexandria	VA	22314 _
Title or Position <b>∀</b>		VASTATE&	22314
Title or Position ♥ Treasure	Alexandria CITY A	STATE	
	Alexandria CITY A	STATE A	ZIP CODE 1
Treasure	Alexandria  CITY A  er Te	STATE 703	ZIP CODE 1 - 549 - 7705
Treasure  3. Treasurer: List the nam	Alexandria CITY A	STATE 703	ZIP CODE 1 - 549 - 7705
8. Treasurer: List the nam name and address of a	Alexandria  CITY A  er  Te  ne and address (phone number optional) of the	STATE 703	ZIP CODE 1 - 549 - 7705
8. Treasurer: List the nam name and address of all Full Name	Alexandria  CITY A  er  Te  ne and address (phone number optional) of the ny designated agent (e.g., assistant treasurer).	STATE 703	ZIP CODE 1 - 549 - 7705
Treasurer  8. Treasurer: List the name name and address of an Full Name of Treasurer  Keith	Alexandria  CITY A  er Te  ne and address (phone number optional) of the ny designated agent (e.g., assistant treasurer).  th A. Davis	STATE 703	ZIP CODE 1 - 549 - 7705
8. Treasurer: List the nam name and address of all Full Name of Treasurer Keith	Alexandria  CITY A  er Te  ne and address (phone number optional) of the ny designated agent (e.g., assistant treasurer).  h A. Davis  228 S. Washington Street	STATE 703	ZIP CODE 1 - 549 - 7705
Treasurer: List the name name and address of an Full Name of Treasurer Keith	Alexandria  CITY A  er  Te  ne and address (phone number optional) of the ny designated agent (e.g., assistant treasurer).  h A. Davis  228 S. Washington Street  Suite 115	STATE A rephone number 703	ZIP CODE 1 - 549 - 7705

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Full Name of Designated Agent	Lisa R. Lisker		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
Mailing Address	228 S. Washington Street				
	Suite 115			<del> </del>	
	Alexandria		2231	4	
Title or Position♥	CITY A	STATE	A ZIF	ZIP CODE A	
Assist	ant Treasurer	Telephone number	703 549		
B Mailing Address	B&T  1909 K Street NW				
·	:				
		! <b></b> !		006	
	CITY 🗖	STAT		P CODE A	
Name of Bank, Deposit	ory, etc.				
<u></u> L_		<u> </u>	<u></u>		
Mailing Address		<u> </u>		i	
			11 1 1 .		
		<u> </u>			

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): FECT FF **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): 12/9/07

DATE PREPARED