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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

2006 FEB 23 P 12: 54

Office use only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines

12FE4M5

South Carolina Fifth District Victory Fund '06

ADDRESS (number and street)

228 South Washington Street

(Check if address
is changed)

Suite 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kdavis@hdapec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7036840683

2. DATE

MM / DD / YYYY
02 / 23 / 2006

02 / 23 / 2006

02 / 23 / 2006

3. FEC IDENTIFICATION NUMBER

C

4. 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

Type or Print Name of Treasurer

Keith Davis

Signature of Treasurer

Keith A. Davis

Date

MM / DD / YYYY
02 / 23 / 2006

02 / 23 / 2006

02 / 23 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

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

FEC FORM 1

(Revised 02/2003)

26039002007

5. TYPE OF COMMITTEE (Check One)

- (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 Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

RALPH NORMAN FOR CONGRESS

Mailing Address

2685 CELANESE ROAD SUITE 122

ROCK HILL SC 29732

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Jnt Cmt Participant

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039002008

Write or Type Committee Name

South Carolina Fifth District Victory Fund '06

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Keith Davis

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 703 549 7705

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Keith Davis

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 703 549 7705

Full Name of Designated Agent Lisa Lisker

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

Title or Position CITY STATE ZIP CODE

Asst. Treasurer Telephone number 703 549 7705

26039002009

9. **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 St., NW

Washington DC 20006

CITY Δ

STATE Δ

ZIP CODE Δ

26039002010

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address		
CITY ▲		STATE ▲
		ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

SOUTH CAROLINA REPUBLICAN PARTY

Mailing Address		
P O Box 12373		
Columbia		SC
		29211
CITY ▲		STATE ▲
		ZIP CODE ▲

Relationship Jnt Cmt Participant

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

26030002011

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲


ZIP CODE ▲

Telephone number

_____-_____-_____-_____-_____-_____

26039002012

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2/23/06
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/23/06 DATE PREPARED