

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

2019 SENATORS CLASSIC COMMITTEE

ADDRESS (number and street)

228 S. WASHINGTON STREET

(Check if address is changed)

SUITE 115

ALEXANDRIA

CITY ▲

VA

STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

kdavis@hdafec.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
05 / 07 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00701243

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 Davis, Keith A., , ,

Signature of Treasurer

Davis, Keith A., , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 07 / 2019

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 Use Only

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

FEC FORM 1
(Revised 06/2012)

5. 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.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District 00

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

Name of Candidate _____

Party Committee:

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

Political Action 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) 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	CAPITO FOR WEST VIRGINIA	FEC ID number	C	C00539825
2.	BILL CASSIDY FOR US SENATE	FEC ID number	C	C00543983
3.	TEXANS FOR SENATOR JOHN CORNYN INC.	FEC ID number	C	C00369033
4.	STEVE DAINES FOR MONTANA	FEC ID number	C	C00491357

Write or Type Committee Name

2019 SENATORS CLASSIC COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Davis, Keith A., , ,

Mailing Address 228 S. Washington Street

Suite 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 Davis, Keith A., , ,

Mailing Address 228 S. Washington Street

Suite 115

Alexandria VA 22314

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 703 549 7705

Full Name of Designated Agent: Hobbs, Cabell, , ,
Mailing Address: 228 S. Washington Street, Suite 115, Alexandria, VA 22314
Title or Position: Assistant Treasurer, Telephone number: 703-549-7705

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 Street NW, Washington, DC 20003

Name of Bank, Depository, etc.

Mailing Address: [Empty fields for address, city, state, and zip code]

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).

Joint Fundraising Participant:

- 1. CORY GARDNER FOR SENATE
- 2. TEAM GRAHAM INC
- 3. CINDY HYDE-SMITH FOR US SENATE
- 4. FRIENDS OF JIM INHOFE

FEC ID number	C	C00492454
FEC ID number	C	C00458828
FEC ID number	C	C00675348
FEC ID number	C	C00207993

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty text input fields for organization name]

Mailing Address [Empty text input fields]

Relationship: CITY STATE ZIP CODE [Empty dropdowns and checkboxes for Connected Organization, Affiliated Committee, Joint Fundraising Representative, Leadership PAC Sponsor]

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name [Empty text input field]
Mailing Address [Empty text input fields]
TITLE OR POSITION CITY STATE ZIP CODE Telephone Number [Empty dropdowns and text input fields]

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. [Empty text input field]
Mailing Address [Empty text input fields]
CITY STATE ZIP CODE [Empty dropdowns]

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).

Joint Fundraising Participant:

- 1. MCCONNELL SENATE COMMITTEE
- 2. MCSALLY FOR SENATE INC
- 3. JIM RISCH FOR U S SENATE COMMITTEE
- 4. ROUNDS FOR SENATE

FEC ID number	C00193342
FEC ID number	C00666040
FEC ID number	C00440362
FEC ID number	C00532465

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty text input fields for organization name.

Mailing Address

Empty text input fields for mailing address.

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Empty text input field for full name.

Mailing Address

Empty text input fields for mailing address.

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Empty text input field for title or position.

Telephone Number

Empty text input fields for telephone number.

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.

Empty text input field for bank name.

Mailing Address

Empty text input fields for mailing address.

CITY ▲

STATE ▲

ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

- 1. BEN SASSE FOR US SENATE INC
- 2. ALASKANS FOR DAN SULLIVAN
- 3. THOM TILLIS COMMITTEE
- 4.

FEC ID number	C	C00547976
FEC ID number	C	C00570994
FEC ID number	C	C00545772
FEC ID number	C	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE
 Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

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., Mailing Address, CITY, STATE, ZIP CODE