FEC FORM 1

STATEMENT OF **ORGANIZATION**

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RECEIVED

2012 CED 22 ALL

			Office Use Only AFI 10: 07
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 EC MAIL CENTER
McKeon Victory I	-und		
1			
	228 S. Washington St., Ste.	115	
ADDRESS (number and street)			
(Check if address is changed)			
• ,	Alexandria CITY		VA 22314 − L I I I I I I I I I I I I I I I I I I
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	llisker@hdafec.com	1 1 1 1 1 1 1 1 1 1	
,	Optional Second E-Mail A	ddress n, , , , , , , , , , , , , , , , , , ,	
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)			
	1		
2. DATE 09 2	0 2013		
3. FEC IDENTIFICATION N	UMBER ▶ C	a _ ana, ana gaalayaa gaalay aa gaalay 	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the be	st of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er Lisa Lisker		
Signature of Treasurer	Lisker Lu RE	£	Date 09 20 20/3
NOTE: Submission of false, error		n may subject the person signing	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further Information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	PCL PUBIN I

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		COMMITTEE
	iuiuate	
(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.)
Nam Can	e of didate	
	didate / Affiliati	Office State ion Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of lidate	
Par	ty Con	nmittee:
(d)	7. S.	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	ction 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)	ļ. j	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.)
Join	t Fund	draising 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 eandidate.
(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.	BUCK MCKEON FOR CONGRESS FEC ID number C C00258244
	2.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE
	3.	21ST CENTURY PAC
	4.	

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Write or Type Committee Name		rage 3
McKeon Victory		
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	andorship DAC Spanner
	organization, Anniated Committee, John Fundralsing Representative, of L	leadership PAC Sponsor
NONE	111111111111111111111111111111111111111	
		11111111
Mailing Address		
3	1	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	n in possession of committee
Lisa Liske	r	
Full Name		
Mailing Address	228 S. Washington St., Ste. 115	
		<u> </u>
	Alexandria	2314
Title or Position	CITY STATE	ZIP CODE
Treasurer	1 703	- ⁵⁴⁹ - ⁷⁷⁰⁵
	Telephone number	J-[_i_i_i-[_i_ii
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Lisa Lisker of Treasurer		
Mailing Address	228 S. Washington St., Ste. 115	
•		
	Alexandria VA	2314 . _
	CITY STATE	ZIP CODE
Title or Position , Treasurer	, 703	549 7705 .
	Telephone number	النتا-لتنا-ل

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Full Name of Designated Keith	Davis	
Agent		
Mailing Address	228 S. Washington St., Ste. 115	11111111
	Alexandria	22314
	CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone number	03 - 549 - 770
safety deposit boxes or Name of Bank, Deposit		
ВВ	&T	
	₁ 1909 K St., NW	
Mailing Address	1909 K St., NW	
Mailing Address	1909 K St., NW	
Mailing Address		120006
Mailing Address		20006
Mailing Address		20006 ZIP CODE
	Washington CITY STATE	<u> </u>
	Washington CITY STATE	<u> </u>
Mailing Address Name of Bank, Deposit	Washington CITY STATE	<u> </u>
Name of Bank, Deposit	Washington CITY STATE	<u> </u>
	Washington DC CITY STATE	<u> </u>
Name of Bank, Deposit	Washington DC CITY STATE	<u> </u>

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rom: (703) 549-7705

4 Alexandria, VA 22314 Huckaby Davis Lisker 228 S. Washington St., Ste.

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Public Records

Federal Election Commission 999 E St., NW

Washington, DC 20463

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Ref# Invoice# PO# Dept#

mckeon vic fund

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