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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) TEAM MCCONNELL 228 S. WASHINGTON STREET ADDRESS (number and street) **SUITE 115** (Check if address is changed) **ALEXANDRIA** 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS kdavis@hdafec.com (Check if address is changed) Optional Second E-Mail Address llisker@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2023 C00802876 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. Davis, Keith A., , , Type or Print Name of Treasurer Davis, Keith A., , , [Electronically Filed] 06 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1**

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

FEC Form 1 (Revised 03/2022)	Page 2
i. 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 campaig information below.)	gn committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an autho	rized 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 organizat	ion on line 6.) Its connected organization is a:
(v) E	
Corporation Corporation w/o Capital Stoc	ck 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 committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor	on line 6.)
(g) This committee is an independent expenditure-only political committee (Superior Committee)	
In addition, this committee is a Lobbyist/Registrant PAC.	
	the star and a second of the state of the st
(h) This committee is a political committee with both contribution and non-contribution and n	ibution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disbur	ses net proceeds for two or more political
committees/organizations, at least one of which is an authorized committee	•
(j) This committee collects contributions, pays fundraising expenses and disburcommittees/organizations, none of which is an authorized committee of a fee	•
Committees Participating in Joint Fundraiser	
FRIENDS OF JOHN BARRASSO	C C00436386
MARSHA FOR SENATE	C C00376030

l	FEC Form 1 (Revised 0	92/2009)			Page 3
V	Vrite or Type Committee Name	INITI			
6.	TEAM MCCON	NN⊨LL rganization, Affiliated Committee, Joir	nt Fundraising Renre	sentative or Leader	shin PAC Snonsor
J.	NONE	gamzation, Anniated Committee, Com	it i unuraising hepre.	semanve, or Leader	silip i Ao opolisoi
	Mailing Address				
		1	1	I + I - I + +	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	Representative	Leadership PAC Sponsor
			_	_	
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number op	ptional) and position of	the person in possess	sion of committee
	Davis, Keitl	ı A., , ,			
	Full Name				
	Mailing Address	228 S. Washington Street			
		Suite 115			
		Alexandria		VA 22314	
		CITY ▲	;	STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	kdavis@hdafec.com		Telephone numb	per 703 – _	549 - 7705
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) or assistant treasurer).	f the treasurer of the	committee; and the n	ame and address of
	Full Name Davis, Keit	ı A., , ,			
	of Treasurer				
	Mailing Address	228 S. Washington Street			
		Suite 115			
		Alexandria		VA 22314	
		CITY ▲	;	STATE A	ZIP CODE ▲
	Title or Position ▼				
	kdavis@hdafec.com		Telephone numb	per 703	549 - 7705

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Full Nam Designate Agent		Lisker, Lisa R., , ,	
Mailing A	ddress	228 S. Washington Street	
		Suite 115	
		Alexandria VA 22314	
Title or F	Position =	CITY ▲ STATE ▲	ZIP CODE ▲
	t Treasur		549 7705
Banks or safety de	r Other posit box	Depositories: List all banks or other depositories in which the committee deposits funds, holdes or maintains funds.	ds accounts, rents
Name of	Bank, D	epository, etc.	
		Truist	
Mailing A	ddress	1445 New York Avenue NW	
		4th Floor	
		Washington DC 20005	
		CITY ▲ STATE ▲	ZIP CODE ▲
Name of	Bank, D	epository, etc.	
Mailing A	ddress		
		CITY ▲ STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1. CRAMER FOR	SENATE	FEC ID number	C C00504704
	TED CRUZ FOI	R SENATE	FEC ID number	C C00492785
	DEB FISCHER	FOR US SENATE	FEC ID number	C C00498907
	4. JOSH HAWLEY	FOR SENATE	FEC ID number	C C00652727
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION	CITY A Te ries: List all banks or other depositories in which the	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Te ries: List all banks or other depositories in which the	STATE A lephone Number the committee deposite	ZIP CODE ▲
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Te ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposite	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposite	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposite	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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5(a) a	or(h). Joint Fundraisi r	ng Particinant		
J(g) (SENATE COMMITTEE	FEC ID number	C C00193342
		TS FOR SENATE	FEC ID number	C C00832436
	ROMNEY FOR	UTAH INC	FEC ID number	C C00670695
	RICK SCOTT F	FOR FLORIDA	FEC ID number	C C00676965
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC Sponsor
8.		y by name, address (phone number - optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main	CITY A pries: List all banks or other depositories in which	Telephone Number	
	Full Name	CITY A pries: List all banks or other depositories in which	Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mails and the	CITY A pries: List all banks or other depositories in which	Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main to the safety deposit boxes or main to the safety depository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main to the safety deposit boxes or main to the safety depository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	

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

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WICKER FOR S)LIVATE	FEC ID number	C C00443218
2. NRSC		FEC ID number	C C00027466
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address			
			1
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represent	Landaudia PAC C
	by name, address (phone number – optional		ative Leadership PAC S
esignated Agent: Identify Full Name			tative Leadership PAC S
			Leadersnip PAC 5
Full Name			Leadersnip PAC 5
Full Name			Leadership PAC 5
Full Name	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank,	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank,	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A