

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL CENTER 2008 MAY -6 AM 9: 32

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

McCain Victory Kentucky

ADDRESS (number and street)

228 S. Washington St., Ste. 115

(Check if address is changed)

Alexandria

VA

22314

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

llisker@hdafec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7036840683

2. DATE

MM 05

DD 05

YYYY 2008

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

Lisa Lisker

Signature of Treasurer

Electronically Filed by Lisa Lisker

Date

MM 05

DD 05

YYYY 2008

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)

28039721112

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. *- JOINT COMMITTEE*

6. Name of Any Connected Organization or Affiliated Committee

JOHN MCCAIN 2008 INC. _____

Mailing Address PO BOX 16118

 ARLINGTON VA 22215 -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Jnt Cmte Participant _____

Type of Connected Organization:

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

28039721113

Write or Type Committee Name

McCain Victory Kentucky

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 Lisa Lisker

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 Lisa Lisker

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 Keith Davis

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

 Alexandria VA 22314 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

 Assistant Treasurer Telephone number 703 549 7705

28039721114

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 ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Ave.

McLean VA 22101

CITY ▲

STATE ▲

ZIP CODE ▲

28039721115

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.

[ADDITIONAL]

Mailing Address

			-	

CITY ▲

STATE ▲

ZIP CODE ▲

28039721116

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

REPUBLICAN PARTY OF KENTUCKY

Mailing Address

PO BOX 1068				
FRANKFORT	KY	40602	-	

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Jnt Cmte 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 |

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - _____

28039721117

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.

28039721118

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date: <i>5/5/08</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<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

Emb *5/6/08*
 PREPARER DATE PREPARED
 (3/2005)