FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
1 OTTIVI 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typyin over the lines	ng, type 12FE4M5
RMF-NCF 2011	COMMITTEE	
ADDRESS (number and s	treet) 228 S WASHINGTON STREET SUITE 1	15
(Check if address		
is changed)	ALEXANDRIA	VA 22314 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	kdavis@hdafec.com	
io onaligou,		
_	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.7	/ D D / Y Y Y Y Y Y Y 2011	
3. FEC IDENTIFICA	TION NUMBER C C00495366	
4. IS THIS STATEM	ENT X NEW (N) OR AMENI	DED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is tru	ue, correct and complete
	Weigh A Davie	
Type or Print Name of	Freasurer	
Signature of Treasurer	Electronically Filed by Keith A. Davis	Date 0 7 / 1 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person sign	
Office Use Only		information contact: tion Commission 0-424-9530 (Revised 02/2009)

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5.	TYPE OF C	OMMITTEE (Check One) Committee:						
	(a)	This committee is a principal campaign committee. (Complete the candidate information	on below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee information below.)	tee. (Complete the candidate					
	Name of Candidate							
	Candidate Party Affiliat	Office Sought: House Senate	State President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.					
	Name of Candidate							
	Party Comr	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 september (i.e., nonconnected committee)	arate 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.)						
	Joint Fundra	aising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal						
	(h) X	This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid						
	Com	nmittees Participating in Joint Fundraiser						
		1. REPUBLICAN MAJORITY FUND 1. FEC ID number	C C00296640					
		2. NEXT CENTURY FUND FEC ID number	C C00343947					
		3. FEC ID number	C					
		. FEC ID number	С					

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 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 A. Davis Mailing Address 228 S. Washington Street Suite 115 Alexandria VA 22314 Title or Position ▼ CITY A STATE A ZIP O Treasurer Telephone number 703 − 549	ponsor					
Mailing Address CITY▲ STATE▲ ZIP C Relationship: Connected Organization						
Mailing Address CITY▲ STATE ZIP C Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 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 A. Davis Full Name Suite 115 Alexandria VA 22314 Title or Position ♥ CITY ▲ STATE ▲ ZIP C Treasurer Telephone number 703 - 549 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the						
CITY STATE ZIP C Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 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 Mailing Address 228 S. Washington Street Suite 115 Alexandria VA 22314 Title or Position V CITY A STATE A ZIP C Telephone number 703 - 549 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the						
CITY STATE ZIP Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 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 A. Davis Suite 115 Alexandria VA 22314 Title or Position V CITY A STATE ZIP Connected Organization Treasurer Telephone number 703 - 549 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the						
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possession of Committee books and records. Full Name Mailing Address 228 S. Washington Street Suite 115 Alexandria VA 22314 Title or Position ▼ CITY A STATE A ZIP O Treasurer Telephone number 703 - 549	PAC Sponsor					
Title or Position ▼ CITY A STATE A ZIP O Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Suite 115 Alexandria VA 22314 Title or Position ▼ CITY A STATE A Treasurer Telephone number 703 - 549 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the						
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Treasurer Telephone number 703 - 549 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the						
	ODE 1 7705					
name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer Keith A. Davis						
Mailing Address 228 S. Washington Street						
Suite 115						
Alexandria VA 22314						
Title or Position ♥ CITY ▲ STATE ▲ ZIP						
Treasurer Telephone number 703 _ 549	 CODE A					

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Full Name of Designated Agent	Lisa R. Lisker		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		22314 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Assis	stant Treasurer	Telephone number	5497705
9. Banks or Other Depo	sitories: List all banks or other depositories in which	the committee deposits funds, ho	lds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds.	the committee deposits funds, ho	Ids accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. BB&T	the committee deposits funds, ho	Ids accounts, rents
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