2016 : 02 : 18 : 0M : 00051197

STATEMENT OF

RECEIVED PAGE 1/4 = FEC MAIL CENTER

FORM 1		ORGANIZATION			2016 FEB 18 PM 12: 18				
NAME OF COMMITTEE (in	full)		(Check if name is changed)		ple:If typing, type he lines.	12FE4M]	٠.
Ernst Major	ity Co	mmitt	ee						
<u> </u>			<u> </u>	<u> </u>		<u></u>			
ADDRESS (number an	d street)		Vashington Street		<u> </u>	1 1 1 1 1			
(Check if address is changed)		Suite 11	5	1 1 1					
		Alexand	dria	<u> </u>		VA STATE ▲	22314	ZIP CODE	
COMMITTEE'S E-MA	IL ADDRES	SS							
(Check if address is changed)			@hdafec.com	_	<u> </u>	<u> </u>		<u>. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1</u>	لــــا
	,	Optional	I Second E-Mail A	ddress					
		<u> </u>	41111						
(Check if a is changed									
 DATE 02 FEC IDENTIFIC 		JMBER	2016 C						
4. IS THIS STATEM	IENT X	NEV	v (N) OR		AMENDED (A)				
I certify that I have e	examined th	is Statem	ent and to the be	st of my ki	nowledge and belief i	t is true, corre	ect and com	plete.	
Type or Print Name of	of Treasurer	Ke:	Lth A. Davis	5				5-	
Signature of Treasure	er	Ja	11/1	he.	1 ://j	Date	м / 0 02 1	17 2	016
NOTE: Submission of					ect the person signing		•	Ities of 2 U.S.C	C. §437g.
Office Use Only					For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FE	C FORM evised 06/2012	

FEC	C For	π 1 (Revised 02/2009)	Page 2
		DMMITTEE	
	date	Committee:	
(a)	LJ M	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name o Candida			·
Candida Party A		n Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	mittee:	(Da
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Politic	al A	ction Committee (PAC):	
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		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 scommittee. (i.e., nonconnected committee)	egregated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fund	raising Representative:	
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	JONLFOR IOWA	0546788
		NRSC	0027466
	2.	JOBS OPPORTUNITY AND NEW IDEAS PAC	
	3.	FEC ID number C COL	0566851
	4.		

FEC Form 1 (Revised 0	12/2000)	Page 3
Write or Type Committee Name		rage 3
Ernst Majority C		
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	rganization, Anniace Committee, John Landising Representative, or E	
NONE		
Mailing Address		
	111111111111111111111111111111111111111	
	CITY STATE	ZIP CODE
-	d Organization Affiliated Committee Joint Fundraising Representative	<u> </u>
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
∖ Keith A. D	avis	
Full Name	,228 S. Washington Street	
Mailing Address		
	Suite 115	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	703 Telephone number	_ 549 _ 7705
Treasurer: List the name an any designated agent (e.g., and the second sec	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Keith A. D	avis	
of Treasurer	228 S. Washington Street	
Mailing Address		
		22314 _
	CITY STATE	ZIP CODE
Title or Position Treasurer	703 Telephone number	- 549 - 7705
•		

FEC Form	n 1 (Revised 02/2009)	Page 4
		, ago T
Full Name of Designated Agent	Lisa R. Lisker	
Mailing Address	228 S. Washington Street	
Mailing Address	Suite 115	-
	Alexandria VA 22314	. -
	CITY STATE ZII	CODE ,
Title or Position Assistant Treasi	urer Telephone number 703 - 549	7705
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	ccounts, rents
	1909 K Street NW	
Mailing Address		
	Washington DC 20006	لـنــا-لــ
	CITY STATE ZI	P CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
Mailing Address		
-		
	CITY STATE Z	P. CODE

REGEIVED MAIL CENTER

2016 FE

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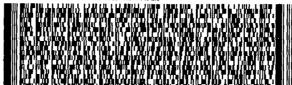
(703) 549-7705

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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER M	9/18/2016 DATE PREPARED
(3/2015)	