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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Rehberg Victory Committee

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 kdavis@hdafec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 7036840683

2. DATE 09 / 19 / 2006

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 Keith Davls

Signature of Treasurer *Keith A. Davls* Date 09 / 25 / 2006

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

FEC FORM 1
(Revised 02/2003)

200609191255

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.

6. Name of Any Connected Organization or Affiliated Committee

REHBERG FOR CONGRESS _____

Mailing Address _____ P.O. Box 1597 _____

_____ Helena _____ MT _____ 59624 _____
 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

26039191267

Write or Type Committee Name

Rehberg Victory Committee

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 Davis**

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 **Keith Davis**

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 **Lisa Lisker**

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

200309191200

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 Δ

STATE Δ

ZIP CODE Δ

26039191269

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Mailing Address

P.O. Box 935 921 Euclid Avenue

Helena

MT

59624

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

26039191279

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

_____-_____-_____

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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.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm
 PREPARER
 (3/2005)

9-26-06
 DATE PREPARED

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