Image# 201806209114115308

## STATEMENT OF

PAGE 1/7 =

FEC FORM 1			RGANI							(	Office	Use Or	lv			
1. NAME OF COMMITTEE (ir	n full)		neck if name changed)		mple:If typer the lines		)	12F	'E4M				.,			_
WIN IN 201	18							1 1				1 1	1 1			
																╛
ADDRESS (number a	nd street)	228 S. WAS	SHINGTON S	IREEI												
(Check if a is changed		SUITE 115 ALEXANDI	RIA					VA STAT	  E <b>_</b>		2314	ZI	 	DDE A		
COMMITTEE'S E-MA	AIL ADDRES	SS														
(Check if a is changed		kdavis@	hdafec.con	n 												
		Optional Se	econd E-Mail	Address												
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL	.)													
2. DATE 0	6 20		018													
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C006652	32											
4. IS THIS STATEM	MENT	NEW (N	N) OF	×	AME	NDED (A	A)									
I certify that I have e	examined th	is Statement	and to the b	pest of my	knowledge	and beli	ef it is	true,	corre	ect an	ıd cor	mplete				
Type or Print Name	of Treasurer	Davis, Keit	th A., , ,													_
Signature of Treasure	er <i>Davis</i> ,	Keith A., , ,			[Electronic	cally Filed]	<i>!</i> [	ate	_	06	/ D	20	/ Y	2018		
NOTE: Submission of			nplete informa E IN INFORM								e pen	alties (	of 2 U	l.S.C. §	§437g	<b></b> j.
Office Use Only					For further Federal Ele Toll Free 8 Local 202-	ection Comi 00-424-953	mission	tact:				C F evised				

			_
	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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 campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 separate seg committee. (i.e., nonconnected committee)	regated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	ARIZONA REPUBLICAN PARTY FEC ID number C C000	08227
	2.	CALIFORNIA REPUBLICAN PARTY FEDERAL ACCT	40590
	3.	REPUBLICAN PARTY OF FLORIDA FEC ID number C C0009	99259
	4	ILLINOIS REPUBLICAN PARTY FEC ID number C C0000	05926

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		<u> </u>
WIN IN 2018		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
Davis, Ke	ith A., , ,	
	228 S. Washington Street	
Mailing Address	Suite 115	
	Alexandria VA 22314	
Title or Position	CITY STATE	ZIP CODE
Treasurer		549 7705
3. <b>Treasurer</b> : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Davis, Kei	ith A., , ,	
Mailing Address	228 S. Washington Street	
	Suite 115	
	Alexandria VA 22314 CITY STATE	ZIP CODE
Title or Position Treasurer		549 - 7705

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Lisker, Lisa R., , ,	
Mailing Address	228 S. Washington Street	
	Suite 115	
	Alexandria VA 22314	
Title or Position	CITY STATE Z	ZIP CODE
Assistant Treas	urer	49 - 7705
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.	accounts, rents
Name of Bank, [	Depository, etc.	
	BB&T	
Mailing Address	1909 K Street NW	
	Washington DC 20003	
	CITY STATE 2	ZIP CODE
Name of Bank, [	Depository, etc.	
	Chain Bridge Bank	1
Mailing Address	1445-A Laughlin Avenue	
	McLean VA 22101	
	CITY STATE 2	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

5(g) or (h).	Joint Fundraising	= =				
1.		PARTY OF IOWA		FEC ID i	number	C C00014498
2		BLICAN PARTY		FEC ID i	number	C C00004606
3		PUBLICAN PART	Y 	FEC ID i	number	C C00041160
4	I. REPUBLICAN PA	ARTY OF MINNES	OTA - FEDERAL	FEC ID 1	number	C C00001313
6. <b>Nam</b>	ne of Any Connected	Organization, Affiliat	ed Committee, Joint Fun	draising Repre	esentative,	or Leadership PAC Sponsor
	Mailing Address					
	Relationship:		CITY A	9	STATE A	ZIP CODE ▲
8. <b>Desi</b> ç	gnated Agent: Identify	by name, address (p	phone number – optional)			
	gnated Agent: Identify	by name, address (p	phone number – optional)		1 1 1 1	
F		by name, address (p	phone number – optional)			
F	Full Name	by name, address (p	phone number – optional)			
F	Full Name	by name, address (p	phone number – optional)			
F	Full Name		ohone number – optional)	ST	TATE A	ZIP CODE A
F	Full Name			ST Telephone Nun		ZIP CODE A
9. <b>Bank</b>	Full Name	▼ ies: List all banks or	CITY   other depositories in which	Telephone Nun	e deposits	funds, holds accounts, rents
9. <b>Bank</b> safety	Full Name  Mailing Address  TITLE OR POSITION  ks or Other Depositor by deposit boxes or ma	▼ ies: List all banks or	CITY   other depositories in which	Telephone Nun	e deposits	funds, holds accounts, rents
9. <b>Bank</b> safety	Full Name  Mailing Address  TITLE OR POSITION  ks or Other Depositor by deposit boxes or mate of Bank,	▼ ies: List all banks or	CITY   other depositories in which	Telephone Nun	e deposits	funds, holds accounts, rents
9. <b>Bank</b> safety	Full Name  Mailing Address  TITLE OR POSITION  ks or Other Depositor by deposit boxes or mate of Bank, pository, etc.	▼ ies: List all banks or	CITY   other depositories in which	Telephone Nun	e deposits	funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017) for Lines 5(g

Page \_\_\_ **of** \_\_\_\_

Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma ame of Bank, epository, etc.  Mailing Address	ries: List all banks or other depositori		STATE Anne Number	ZIP CODE A  ts funds, holds accounts, ren
anks or Other Deposito affety deposit boxes or ma	ries: List all banks or other depositori		ne Number	
anks or Other Deposito affety deposit boxes or ma	ries: List all banks or other depositori		ne Number	
TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositori		ne Number	
TITLE OR POSITION	ries: List all banks or other depositori		ne Number	
TITLE OR POSITION	<b>▼</b>		ne Number	
	CITY A	Telepho		ZIP CODE A
	CITY A		STATE A	ZIP CODE A
Mailing Address				
esignated Agent: Identify  Full Name	by name, address (phone number -	optional)		
Connected	I Organization Affiliated Committee	Joint Fund	aising Represent	ative Leadership PAC S
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Mailing Address				
ame of Any Connected	Organization, Affiliated Committee,	Joint Fundraising	, Representativ	e, or Leadership PAC Spor
REPUBLICAN FED	ERAL COMMITTEE OF PENNSYLVA	NUA .	EC ID number	C C00044842
3.	I FEDERAL CAMPAIGN COMMITT		EC ID number	C C00055582
		TTEE   FF	EC ID number	C C00164418
2. NY REPUBLICAN	REPUBLICAN STATE COMMI		C ID number	C C00082925

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

1.	PARTY OF TEXAS	FEC ID number	C C00143743
2. REPUBLICAN P	PARTY OF VIRGINIA INC	FEC ID number	C C00001305
3. NRCC		FEC ID number	C C00075820
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
	Organization Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spanisher
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
Full Name Mailing Address	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mai	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mainagement and the state of Bank,	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which	STATE A	ZIP CODE A