FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru		Or.		
1. NAME OF COMMITTEE (in	(Check if name		Office use only 12FE4M5		
World Record	Fund				
	<u> </u>				
ADDRESS (number and	street) 228 S. Washingto	on Street			
X (Check if addr is changed)	ess Suite 115 Alexandria		VA 22314 -		
		CITY▲	STATE▲ ZIP CODE ▲		
COMMITTEE'S E-MA kdavis@hdafe			,		
, may 15 gradue			<u> </u>		
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N 7036840683	NUMBER				
2. DATE 0.9					
3. FEC IDENTIFICA	ATION NUMBER	C C00364679			
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
I certify that I have exam	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete		
Type or Print Name of	Treasurer Keith A. Davi	s			
Signature of Treasurer	Electronically Filed by Keith A	A. Davis	Date 09 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
NOTE: Submission of fa	·	n may subject the person signing this Si	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953	ssion FEC FORM 1		

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5.	5. TYPE OF COMMITTEE (Check One)	PE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign con	nmittee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee information below.)							
	Name of Candidate							
	Candidate Office Party Affiliation Sought:	House Senate President	State					
	(c) This committee supports/opposes only one	candidate, and is NOT an authorized committee.						
	Name of Candidate							
	(d) This committee is a	(National, State (Dem Cor subordinate) committee of the Repu	nocratic, Iblican,etc.) Party.					
	(e) This committee is a separate segregated fund							
	(f) This committee supports/opposes more that committee.	n one Federal candidate, and is NOT a separate segregated func	l or party					
 6.	6. Name of Any Connected Organization or Affiliated Committee							
ı	None		1					
L I	<u> </u>		<u> </u>					
_								
	Mailing Address							
	C	STATE A ZI	P CODE A					
	Relationship							
	Type of Connected Organization:							
	Corporation	poration w/o Capital Stock Labor Organization	ı					
		de Association Cooperative						
		osoponativo						

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Write or Type Com	mittee Name					
World Reco	rd Fund					
	Records: Identify by f Committee books		nber optional), and position of	the person in		
Full Name	Keith A. Davi	s				
Mailing Address	<u> </u>	228 S. Washington Street				
		Suite 115				
		Alexandria		22314 __		
Title or Position	▼	CITY A	STATE▲	ZIP CODE		
	Treasurer		703 Telephone number	549 7705 _		
Full Name of Treasurer	Keith A. Davi					
Mailing Address		228 S. Washington S	treet			
		Suite 115				
		Alexandria	_VA	22314		
Title or Position	∀	CITY A	STATE	ZIP CODE A		
	Treasurer		Telephone number 703	549 7705		
Full Name of Designated Agent	Lisa R. Liske	•				
Mailing Address	<u> </u>	228 S. Washington S	treet			
		Suite 115				
		Alexandria		22314		
Title or Position	∀	CITY A	STATE ▲	ZIP CODE A		
	Assistant Treasu	rer	Telephone number 703	_ 549 _ 7705		
			i eleptione number			

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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.								
	Comm Mailing Address	erce Bank and Trust 1105 Gage Boulevard							
		Topeka KS 6	66604						

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷