

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

NRCC California Victory

ADDRESS (number and street) 228 S. Washington Street
 (Check if address is changed) Suite 115
Alexandria VA 22314
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) kdavis@hdapec.com
Optional Second E-Mail Address
llisker@hdapec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 07 / 28 / 2022

3. FEC IDENTIFICATION NUMBER C C00821637

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 Davis, Keith, A., ,

Signature of Treasurer Davis, Keith, A., , [Electronically Filed] Date 07 / 28 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate 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. (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 _____

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 separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. SCOTT BAUGH FOR CONGRESS _____

2. JOHN DUARTE FOR CONGRESS _____

C C00798322 _____

C C00808279 _____

Write or Type Committee Name

NRCC California Victory

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Grid lines for organization name entry

Mailing Address

Grid lines for mailing address entry

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Davis, Keith, A., ,

Full Name

Grid lines for full name entry

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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).

Davis, Keith, A., ,

Full Name of Treasurer

Grid lines for full name of treasurer entry

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

703

549

7705

Full Name of Designated Agent Lisker, Lisa, R., ,

Mailing Address 228 S. Washington Street Suite 115 Alexandria VA 22314 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 703 549 7705

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.

Truist 1445 New York Avenue NW Washington DC 20005 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

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

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

- 1. MATT JACOBS FOR CONGRESS
- 2. MARYOTT FOR CONGRESS
- 3. TOM PATTI FOR CONGRESS
- 4. NRCC

FEC ID number	C00767046
FEC ID number	C00666859
FEC ID number	C00792168
FEC ID number	C00075820

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE
 Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

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., Mailing Address, CITY, STATE, ZIP CODE

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

5(g) or (h). **Joint Fundraising Participant:**

- 1. CALIFORNIA REPUBLICAN PARTY FEDERAL ACCT.
- 2.
- 3.
- 4.

FEC ID number C C00140590

FEC ID number C

FEC ID number C

FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone Number _____-_____-_____

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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲