FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
ADDRESS (number and street	228 S. WASHINGTON STREET	
(Check if address is changed)		
is changed)	ALEXANDRIA 	VA 22314 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DRESS	
(Check if address is changed)	s kdavis@hdafec.com	
	Optional Second E-Mail Address	1
 (Check if address is changed) 	5 	
2. DATE 02	D D / Y Y Y Y 13 2023	
3. FEC IDENTIFICATIO	N NUMBER ► C C00673715	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Trea	surer Davis, Keith A., , ,	
Signature of Treasurer	Davis, Keith A., , , [Electronically Filed]	Date 02 / 13 / 2023
NOTE: Submission of false, e	erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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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 information below.)	e the candidate
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.	District
Name of Candidate	
Party Committee: (National, State (Democ (d) This committee is a or subordinate) committee of the Republic	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
Corporation V/o Capital Stock Labo	or Organization
	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	pated 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.)	
(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	J 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.
 (j) Committees/organizations, none of which is an authorized committee of a federal candidate.
 (j) Committees Participating in Joint Fundraiser

	C co
2. NRSC	C co

	C00409581		 	
T	C00027466			
1	000027400		 1	

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Write or Type Committee Name	
THUNE VICTORY COMMITTEE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, NONE	or Leadership PAC Sponsor

Mailing Address					
		CITY 🔺		STATE A	ZIP CODE
Relationship: Connected	Organization	Affiliated Organization	Joint Fundraisin	g 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, Keit	n A., , ,		
Full Name			
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA 22314	
	CITY A	STATE A ZIP C	CODE 🔺
Title or Position ▼			
Treasurer	Telephone nur	mber 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	Davis, Keith A., , ,
of Treasurer	
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 703 - 549 - 7705

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Full Name of Designated Agent	Lisker, Lisa R., , ,	
Mailing Address	228 S. Washington Street	
	Suite 115	
	Alexandria VA 22314	
	CITY A STATE A Z	
Title or Position	,	
Assistant Treasur	er Telephone number 703 54	49 - 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.

	John Ma	arshall Bank		 	
Mailing Address		1401 H Street NW			
		Suite 702			
		Washington		 DC 20005	
			CITY 🔺	STATE A	ZIP CODE
Name of Bank,	Depository, e]
Mailing Address					
			CITY ▲	STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

5(g) or (h).	Joint Fundraising	• •							
1.					FEC ID	number	C C007481	86	
2.					FEC ID	number	С		
3.					FEC ID	number	С		
4.					FEC ID	number	С		
6. Name	e of Any Connected	Organization, A	ffiliated Committee	∍, Joint Fundr	aising Repr	esentative	, or Leadersł	nip PAC Spo	nsor
	Mailing Address						<u></u>		
					1				
	Relationship:		CITY 🔺				Z		
	Connected	l Organization	Affiliated Commit	tee Joint	Fundraising	Representa	tive Lea	adership PAC S	Sponsor
		by nome oddr	ess (phone number	- optional)					
8. Desig	nated Agent: Identify	by name, addre							
	ull Name								
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Depository, etc.																							
Mailing Address																		1					
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