

**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

MCCAIN VICTORY CALIFORNIA

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

llisker@hdafe.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7036840683

2. DATE

M M
0 6/ D D
0 1/ Y Y Y Y
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00448985

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 Lisa Lisker

Signature of Treasurer Electronically Filed by Lisa Lisker

Date

M M
0 6/ D D
0 1/ Y Y Y Y
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

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
CandidateCandidate
Party AffiliationOffice
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

JOHN MCCAIN 2008 INC.

Mailing Address

PO BOX 16118

ARLINGTON

VA

22215

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

Write or Type Committee Name

MCCAIN VICTORY CALIFORNIA

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 **Lisa Lisker**

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 **Lisa Lisker**

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 **Keith Davis**

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**

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 ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address **1445-A Laughlin Ave.**

McLean **VA** **22101** -

CITY ▲ STATE ▲ ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

JOHN MCCAIN 2008 GENERAL ELECTION COMPLIANCE FUND

Mailing Address

PO BOX 16118

ARLINGTON

VA

22215

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

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE ZIP CODE **A**

Telephone number

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

REPUBLICAN NATIONAL COMMITTEE

Mailing Address

310 FIRST STREET SE

WASHINGTON

DC

20003

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

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE ZIP CODE **A**

Telephone number

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

CALIFORNIA REPUBLICAN PARTY/V8

Mailing Address

1903 W Magnolia Blvd

Burbank

CA

91506

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

[ADDITIONAL]

ZIP CODE **A**

Telephone number _____ - _____ - _____

Form/Schedule: **F1N** Amended to include an additional bank.
Transaction ID: