FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 5 ——
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
		FUND		
	1228 S. WASHINGTON STRE	FT		
ADDRESS (number and street				
 (Check if address is changed) 	SUITE 115			
			VA 22 STATE ▲	2314 ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	kdavis@hdafec.com			
5,	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 09	01 / Y Y Y Y 01 2022			
3. FEC IDENTIFICATION	NUMBER ► C co	00782631		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treas	urer Davis, Keith A., , ,			
Signature of Treasurer	avis, Keith A., , ,	[Electronically Filed]	Date 09	/ D D / Y Y Y Y 01 2022
NOTE: Submission of false, er	roneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing FION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202209019528329531

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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. (Complein information below.)	ete 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	
Party Committee: (National, State or subordinate) committee of the (Demonstrate) (d) This committee is a Image: committee of the Image: committee of the	ocratic, olican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
	bor Organization
Membership Organization	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated 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 (Hyb	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

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.

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

(i)

(j)

	JOHN GIBBS FOR CONGRESS, INC.
1.	
2.	

С	C00793166			
С	C00459297		1	

-	FEC Form 1 (Revised 0	2/20	09)																											Paç	ge (3		
٧	Vrite or Type Committee Name																																	
	WESTERN MIG	CH		GΑ	N	\mathbf{V}	/ (2-	Г	DF	۲)	Y	F	U	Ν	D																		
6.	Name of Any Connected O NONE	gan	izat	ion,	Aff	ilia	ted	Co	omi	nitl	tee	, Jo	oin	t F	un	drai	sin	ng ∣	Rep	ores	en	tati	ve	, or	Le	ead	ers	hip) P.	AC	Sp	on	SO	
	Mailing Address					1			1													1												
								1																										
				1	I	I	I	I	I	I	I	I	I	I	I	I	I	I				I				I	I	I	I	_	.	1	I	I

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

STATE

ZIP CODE

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

CITY **▲**

Davis, Keit	h A., , ,
Full Name	
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria
	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).

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:						

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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 ZI	IP CODE
Title or Position	7	
Assistant Treasu	rer Telephone number 703 54	¹⁹ - 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			
Mailing Address	1445 New York Avenue NW		
	Washington	DC 20005	
		STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	$[\ \ , \ \ , \ \ , \ \ , \ \ , \ \ $		
	CITY A	STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page _5_ of 5
5(g) or (h). Joint Fundraising Participant:			
		FEC ID number	C C00561530
2.		FEC ID number	C C00075820
3.		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connected Organization,	Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor

Mailing Address								
Relationship:	C	ITY 🔺	STATE A	ZIP CODE				
Connected Organization								

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

															Te	lep	hor	ne	Nur	nbe	er]-			- [_		
TITLE OR POSITION	TITLE OR POSITION ▼ CITY ▲														STATE ▲ ZIP CODE ▲															
																												- [_		
Mailing Address																														
Full Name																														

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																															
Mailing Address	L																														
	L																														
	CITY A													STATE A							ZIP CODE										