

**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 OHIO**

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@hdapec.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 C00448860**

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  
OnlyFor 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 OHIO**

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

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

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Telephone number

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**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

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

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Telephone number

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**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 ]

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Mailing Address

211 S. Fifth Street

Columbus

OH

43215

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

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

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Telephone number

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