		÷.		PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ	NT OF PUE	BLIC RECORDS	CEIVED 7 re ?-6 AM 10: 26
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing over the lines.	12FE4M	มสมบฏิชาวสารังการ แม่หมาย 5 การสร้างเหนือเหลือเสริมเหมือง
Thompson Victor	y Committee	<u></u>		<u> </u>
ADDRESS (number and street)	228 S. Washington Street			L L L L L L L L L L L L L L L L L L L
COMMITTEE'S E-MAIL ADDRES				
(Check if address is changed)	kdavis@hdafec.con) 		
Committee's web page add	RESS (URL)			
(Check if address is changed)	L			
2. DATE 09 05				
3. FEC IDENTIFICATION NU	\sim	ungananganangananganangan para para nalamanlaran kertekanangan melam	angerin war Companya angerin Companya angerin Santa angerina angerina angerina angerina angerina angerina angerina angerina	
4. IS THIS STATEMENT	NEW (N) OR)ED (A)	
I certify that I have examined thi	s Statement and to the be	st of my knowledge ar	nd belief it is true, corre	ct and complete.
Type or Print Name of Treasurer	Keith A. Dav	is		
Signature of Treasurer	GHA. L	Vain	Date 0	9 05 2012
NOTE: Submission of false, errone	ous, or incomplete information	• • •		
Office Use Only				FEC FORM 1 (Revised 02/2009)

-

ļ

i

FEC Form 1 (Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of

Cand	idate	L			LL	1			<u> </u>			
Cand Party	idate Affiliatio	n	Annanggun ann ginnnag Annanggun ann ginn anna Annanggun ann ginn anna	Office Sought:		House		Senate	Address of the second sec	President	State District	
(c)		This	committee supp	orts/opposes on	ly one ca	andidate,	, and is N	NOT an aut	horized	committee.		
Name Candi		L										
Part	y Com	mitte	ee:	· · · · · · · · · · · · · · · · · · ·								
(d)			committee is a	ทาง กรุงเพษฎายน (S	•	onal, Sta Ibordina		ittee of the		เวษา อยุระระ ๆ เว็จสอบนี้เราะเหลื	(Democratic, Republican,	etc.) Party.
Polit	ical Ac	ction	Committee (PAC):								
(e)		This	committee is a	separate segreg	ated fund	d. (Identi	fy connec	ted organiz	ation on	line 6.) Its c	connected organ	nization is a:
	344444		Corporation			Co	prporation	w/o Capita	I Stock		Labor Orga	anization
		Ċ,	Membership	Organization		Tre	ade Asse	ciation			Cooperativ	e
			In add	dition, this comm	ittee is a	Lobbyist	/Registra	nt PAC.				
(f)			s committee supp mittee. (i.e., nonc			one Fea	leral can	didate, and	is NOT	a separate	segregated fur	nd or party
			In addition, th	is committee is a	a Lobbyis	i/Registr	ant PAC.					
			In addition, th	is committee is a	Leaders	hip PAC	. (Identify	sponsor or	line 6.)			
loin	t Fund	ralei	na Represent	ative:								

it Fundralsing Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (g) \mathbf{X} 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 (h) committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	
2.	
3.	
4.	

M

Write or Type Committee Name

Thompson Victory Committee

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

CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor																															
							L													L	1		L	1	-	4	 _]-	-L	1	1	
							L									1			1												
Mailing	Ado	fres	5				L				1					1							1								
			1	L					1	1		}		l	l		1					1	1			1	1				
																1							1		1						

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

Keith A. Da	avis	
Full Name		
Mailing Address	228 S. Washington Street	ſ
	Suite 115	ہـ ا
		_
Title or Position	CITY STATE ZIP CODE	
Treasurer	Telephone number	

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	Keith A. Davis		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	⁰³ - 549 - 7705

Γ

Full Name of Designated L Agent	isa R. Lisker		
Mailing Address	228 S. Washington Street		
	Alexandria		22314
Title or Position	r i		⁰³
Banks or Other Do safety deposit boxe	epositories: List all banks or other depositories in which th s or maintains funds.	e committee deposits f	unds, holds accounts, rents
Name of Bank, Dep			
IE	3 B&T		
Mailing Address	1909 K Street NW		
	Washington		20006
	СІТҮ	STATE	ZIP CODE
Name of Bank, Dep	pository, etc.		
L			
Mailing Address			
			L <u></u>]-L
	CITY	STATE	ZIP CODE

۰.

.

i

Page 4

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate how	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirmat	ion™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed Ex Next Business D	Shipping Date 9/5/12 ay Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Rece	ipt or Postmarked
DEEDADED	9/14/m
PREPARER (3/2005)	DATE PREPARED