

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

## Hold the Line 2020

ADDRESS (number and street)

228 S. Washington St Ste 115

(Check if address is changed)

Alexandria

CITY ▲

VA

STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

kdavis@hdapec.com

Optional Second E-Mail Address

llisker@hdapec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
07 / 22 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00752568

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 Davis, Keith, A., ,

Signature of Treasurer Davis, Keith, A., ,

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 22 / 2020

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 06/2012)

5. 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 the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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

1. COLLINS FOR SENATOR \_\_\_\_\_ FEC ID number  C C00314575
2. STEVE DAINES FOR MONTANA \_\_\_\_\_ FEC ID number  C C00491357
3. JONI FOR IOWA \_\_\_\_\_ FEC ID number  C C00546788
4. CORY GARDNER FOR SENATE \_\_\_\_\_ FEC ID number  C C00492454

Write or Type Committee Name

# Hold the Line 2020

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising 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.

Full Name Davis, Keith, A., ,

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 Davis, Keith, A., ,

Mailing Address 228 S. Washington St Ste 115

Alexandria

VA

22314

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 703 - 549 - 7705

Full Name of Designated Agent: Lisker, Lisa, R., ,  
Mailing Address: 228 S. Washington St Ste 115  
City: Alexandria, State: VA, ZIP CODE: 22314  
Title or Position: 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 Street NW  
City: Washington, State: DC, ZIP CODE: 20006

Name of Bank, Depository, etc.

Mailing Address: [Empty]  
City: [Empty], State: [Empty], ZIP CODE: [Empty]

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

5(g) or (h). **Joint Fundraising Participant:**

- 1. MCSALLY FOR SENATE INC
- 2. THOM TILLIS COMMITTEE
- 3. NRSC
- 4.

FEC ID number	C	C00666040
FEC ID number	C	C00545772
FEC ID number	C	C00027466
FEC ID number	C	

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲