FEC

Only

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STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CEPAGES 184.

(Revised 06/2012)

2016 AUG -4 PM 2: 58

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. McCain Victory Committee 228 S. Washington Street ADDRESS (number and street) Suite 115 (Check if address is changed) 22314 Alexandria CITY A STATE A COMMITTEE'S E-MAIL ADDRESS kdavis@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 08 03 2016 DATE 2. FEC IDENTIFICATION NUMBER > 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. Keith A. Davis Type or Print Name of Treasurer Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Use Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

5.

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F	EC For	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
	Candidate Committee:						
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	Ц	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 or subordinate) committee of the Re	emocratic, publican, etc.) Party.				
Polit	tical A	action Committee (PAC):	ner o tode – New recruit i me de malaneaux o effectible amount of				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a				
		Corporation W/o Capital Stock	abor 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.)					
Join	t Fund	draising Representative:					
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(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.					
	Com	nmittees Participating in Joint Fundraiser					
	1.	FRIENDS OF JOHN MCCAIN INC	0310				
	2.	ARIZONA REPUBLICAN PARTY	8227				
	3.	NRSC	7466				
	4.						

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Write or Type Committee N	ame					
McCain Victor	ry Committee					
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor				
NONE	<u> </u>	<u> </u>				
Mailing Address						
•						
	CITY STATE	ZIP CODE				
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representativ	/e Leadership PAC Sponsor				
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of compooks and records. Keith A. Davis 						
Full Name	,228 S. Washington Street					
Mailing Address	Suite 115 ·					
		20044				
	Alexandria	22314				
Title or Position	CITY STATE	ZIP CODE				
Treasurer	70 Telephone number	3 - 549 - 7705				
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of				
Full Name Keith . of Treasurer	A. Davis					
Mailing Address	228 S. Washington Street					
•	Suite 115					
	. Alasamadaia					

VA STATE ZIP CODE CITY Title or Position Treasurer Telephone number

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FEC Form	1 (Revised 02/2009)	Page 4					
Full Name of Designated	Lisa R. Lisker						
Agent							
Mailing Address	228 S. Washington Street						
	Suite 115 						
	Alexandria VA 22314]-[]					
	CITY STATE ZIP	CODE					
Title or Position Assistant Treasu	rer 703 - 549 1	7705					
safety deposit box	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	1					
Mailing Address	1909 K Street NW						
		لححجي					
	Washington DC 20006						
	CITY STATE ZIP	CODE					
Name of Bank, D	epository, etc.						
Mailing Address							
	CITY STATE ZIP	CODE					

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(703) 549-7705

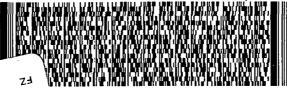
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