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STATEMENT OF ORGANIZATION

FORM 1		ORGANIZA	ATION	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	Office Use Only
WIN IN 201	8			
ADDRESS (number a		228 S. WASHINGTON STREE	ET	
(Check if a is changed	ddress	SUITE 115		VA 22314 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS	;		
(Check if a is changed	laarooo	kdavis@hdafec.com		
Ū	ŕ	Optional Second E-Mail Add	Iress	
	l			
COMMITTEE'S WEB	ddress			
2. DATE		/ Y Y Y Y 2018		
3. FEC IDENTIFIC	CATION NUM		00665232	
4. IS THIS STATEN	IENT X	NEW (N) OR	AMENDED (A)	
I certify that I have e	examined this	Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	of Treasurer	Davis, Keth A., , ,		
Signature of Treasure	er Davis, K	eth A., , ,	[Electronically Filed]	Date 06 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0
NOTE: Submission of			may subject the person signing t DN SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

F	FEC For	m 1 (Revised 02/2009)	Page 2
TYPE	E OF C	DMMITTEE	
Can	didate	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. (Compleinformation below.)	ete the candidate
Name Cand			
Cand Party	lidate Affiliatio	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Com	mittee:	
(d)			emocratic, publican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
		Corporation 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 segre committee. (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.)	
Join	t Fund	raising Representative:	
(g)		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 committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	ARIZONA REPUBLICAN PARTY	8227
	2.	CALIFORNIA REPUBLICAN PARTY FEDERAL ACCT	0590
	3.		9259
	4.	ILLINOIS REPUBLICAN PARTY FEC ID number C C00005	926
	4.		920

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Write or Type Committee Name

WIN IN 2018

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

Mailing Address					
		CITY		STATE	ZIP CODE
Relationship: Connected	J Organiz	ation Affiliated Comm	ttee 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.

Davis, Ket	h A., , ,
Full Name	
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria VA 22314 Image: Image in the image in th
Title or Position	CITY STATE ZIP CODE
Treasurer	703 549 7705 Telephone number 1 1

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, Keth A., , ,
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 549 7705

Full Name of Designated Agent	Lisker, Lisa R., , ,	
Mailing Address	228 S. Washington Street	
	Suite 115	
	Alexandria VA 22314	
	CITY STATE ZIP CODE	
Title or Position	Jirer 703 - 549 - 7705 Telephone number - - - - -	

Name of Bank, Depository, etc.

BB&	T		
Mailing Address	1909 K Street NW		
	Washington		20003
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.		
Chai	n Bridge Bank		

	1445-A Laughlin Avenue		
Mailing Address			
	McLean		22101
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)	Optional Supplemental Inform for Lines 5(g) or (h), 6, 8 and		Page _5 of 7
5(g) or (h). Joint Fundraising Participant: REPUBLICAN PARTY OF IC 1. KANSAS REPUBLICAN PAR 2. MICHIGAN REPUBLICAN PA 3. REPUBLICAN PARTY OF MIN 4. REPUBLICAN PARTY OF MIN	ARTY F	FEC ID number FEC ID number FEC ID number FEC ID number	 C 00014498 C 00004606 C 000041160 C 00001313
6. Name of Any Connected Organization, A	Affiliated Committee, Joint Fundraisin	ng Representative	e, or Leadership PAC Sponsor
Relationship:	CITY A	L L L L L L L L L L L L L L L L L L L	ZIP CODE ▲ tive Leadership PAC Sponsor
8. Designated Agent: Identify by name, addre	ess (phone number – optional)	<u> </u>	

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CITY

Telephone Number

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ZIP CODE

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STATE A

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TITLE OR POSITION V

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Name of Bank, Depository, etc.	<u> </u>																									 	
Mailing Address	L																										
	L																										
	CITY 🔺														S	TAT	Έ			ZIP	C	DD	E 🔺				

FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page _6_ of 7
5(g) or (h). Joint Fundraising Participant: NEVADA REPUBLICAN CE 1. Image: Second s	AMPAIGN COMMITTEE	FEC ID number FEC ID number FEC ID number FEC ID number	 C C00082925 C C00164418 C C00055582 C C00044842
6. Name of Any Connected Organization, A	Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
Mailing Address			
			-
Relationship:	CITY A	STATE A	
Connected Organization	Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify by name, add	ress (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE

Name of Bank, Depository, etc.	<u> </u>																															
Mailing Address	L																															
	L																															
	CITY A															STATE A ZIP CODE								Ξ 🔺	^							

Telephone Number

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FEC Form 1S (Revised 02/2017)	Optional Supplemental Informa for Lines 5(g) or (h), 6, 8 and/o		Page of 7
2. NRCC 3. 4. 4.	TY OF TEXAS TY OF VIRGINIA INC FE FE FE	C ID number C ID number C ID number C ID number Representative	C C00143743 C C00001305 C C00075820 C
Mailing Address			
Relationship:		 STATE ▲	
Connected Orga		aising Represent	
8. Designated Agent: Identify by n	ame, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE 🔺	ZIP CODE
	Telephor	ne Number	

Name of Bank, Depository, etc.																							
Mailing Address																							
					С	IT	^					S	TAT	Έ				ZIP	C	DD	Ξ 4		