## 14020694678

Only

## STATEMENT OF

SPONSTABLY OF THE SENATE

PAGE 1/4 -

FORM 1		ORGANIZ	ATION	14 SEP 1	5 PM 2: 02 Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FÉ4M5	
Sullivan Vid	ctory Con	nmittee	<del></del>	<u> </u>	
ADDRESS (number and street)  【		S. Washington Street	<u> </u>	1 1 1 1 1 1 1	
		te 115 exandria CITY <b>A</b>		VA 2: STATE ▲	2314
COMMITTEE'S E-MA	AIL ADDRESS				
☐		avis@hdafec.com		<del>.</del>	
	Opt	ional Second E-Mail Ad	dress		
	<u> </u>	<u> </u>		<u> </u>	
COMMITTEE'S WEB  (Check if a is changed	address <sub>I</sub>				
2. DATE 0	9 / 11 /	2014			
3. FEC IDENTIFIC	CATION NUMBE	r ▶ C			
4. IS THIS STATEM	MENT 🗵 I	NEW (N) OR	AMENDED (A)	)	
I certify that I have e	examined this Sta	tement and to the best	of my knowledge and belie	of it is true, correct an	nd complete.
Type or Print Name of	of Treasurer K	eith A. Davis			
Signature of Treasure	er Ja	HA. K	Mari	Date 09	11 2014
NOTE: Submission of			may subject the person signir		e penalties of 2 U.S.C. §437g.
Office Use			For further Information Federal Election Comm		FEC FORM 1

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 02/2009)

information below.)

This committee is a

Corporation

Membership Organization

**Political Action Committee (PAC):** 

This committee is a principal campaign committee. (Complete the candidate information below.)

House

(National, State

In addition, this committee is a Lobbyist/Registrant PAC.

or subordinate) committee of the

This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Trade Association

Corporation w/o Capital Stock

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Office

Sought:

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

TYPE OF COMMITTEE

Candidate Committee:

(a)

(b)

(c)

(d)

(e)

Name of Candidate

Candidate

Name of Candidate

Party Affiliation

**Party Committee:** 

Page 2

State

District

(Democratic,

Republican, etc.) Party.

Labor Organization

Cooperative

President

FEC FOIRI I (Rev	/iseu 02/2009)		Page 3			
Write or Type Committee	Name					
Sullivan Victor	ory Committee					
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fu	ındraising Representati	ve, or Leadership PAC Sponsor			
NONE						
Mailing Address						
Mailing Address	1	<u></u>				
	CITY	STATE	ZIP CODE			
_		SIRIE	ZIF CODE			
Relationship: Con	nected Organization Affiliated Committee	oint Fundraising Represe	ntative Leadership PAC Sponsor			
7. Custodian of Records books and records.	s: Identify by name, address (phone number opt	ional) and position of the	person in possession of committee			
,	h A. Davis		1			
Full Name	,228 S. Washington Street					
Mailing Address	Suite 115					
		1111111	20244			
	Alexandria	VA	22314			
Title or Position	CITY	STATE	ZIP CODE			
Treasurer		Telephone number	703 - 549 - 7705			
<ol> <li>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).</li> </ol>						
1 437 1141110	A. Davis					
of Treasurer	[228 S. Washington Street					
Mailing Address						
	Suite 115		100244			
	Alexandria	LVA STATE	22314			
Title or Position Treasurer	СІТУ	STATE	ZIP CODE 703   549   7705			
		Telephone number				

CITY

STATE

ZIP CODE



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ING NUMBER

Extremely Urgent

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## United States Senate

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