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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 1/4 --SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 JUN 11 PH 12: 13

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Keystone-Buck	eye Fund		<u> </u>
	<u> </u>		
ADDRESS (number and stree		et	
(Check if address is changed)	Suite 115		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Alexandria CITY ▲		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADD	DRESS		
☐ ◀ (Check if address is changed)	kdavis@hdafec.con	m 	
	Optional Second E-Mai	l Address	ı
is changed) 2. DATE 06	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION	NUMBER ► C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examine	d this Statement and to the b	best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	Keith A. Dav	is	
Signature of Treasurer	Jett A.	Sari,	Date 06 07 7 2018
NOTE: Submission of false, er		tion may subject the person signing	this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	EEL EURWI

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

House

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

Page 2

State

District

President

FEC Form 1 (Revised 02/2009)

information below.)

TYPE OF COMMITTEE Candidate Committee:

(a)

(b)

(c)

Name of Candidate

Candidate

Party Affiliation

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Write or Type Commit	tee Name		
	Buckeye Fund		
		Jaint Francision Bosses	
	nected Organization, Affiliated Committee	e, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE			
			<u> </u>
Mailing Address			
			<u> </u>
			1 1
	CITY	STATI	ZIP CODE
Relationship:	Connected Organization	too Digital Europeoigian Bossoo	andreiter Discontinuity DAG Samura
Kelationship.	Anniated Commit	tee Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Reco books and records. 	ords: Identify by name, address (phone num	ber optional) and position of th	e person in possession of committee
Full Name	Davis, Keith A., , ,		
	228 S. Washington Street		
Mailing Address	Suite 115		<u> </u>
	Alexandria		. ,22314
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	703 - 549 - 7705
3. Treasurer : List the i	name and address (phone number optiona	al) of the treasurer of the commit	tee: and the name and address of
any designated ager	nt (e.g., assistant treasurer).	,	
Full Name D of Treasurer	Pavis, Keith A., , ,		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		22314
T01- 0	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	703 - 549 - 7705

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DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

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