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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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1.	NAME OF COMMITTEE (in f	ull)		(Check if name is changed)		mple: If typying, type r the lines	12F	E4M5		
ட	RMF-NCF 2009	Committe	е	<u> </u>				111		
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ADD	DRESS (number and s	treet)	228 	S. Washington	Street	 		11.		
,	(Check if address		Sujt	e,115	<u> </u>			111		<u> </u>
_	is changed)		Alex	andria			ı Y	4	22314	· _
	•				CITY⊿		STAT	E A	ZIP	CODE 🛦
CO	MMITTEE'S E-MAI	L ADDRESS	S (Plea	se provide only or	ne e-mail a	ddress)				
1	(Check if address	Į	kda	vis@hdafec.co	m	<u> </u>				
j	is changed)	Į								
;ON	MMITTEE'S WEB F (Check if address is changed)	PAGE ADDR	RESS (URL)		111111		<u>. </u>	 - - - - - - - - -	
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	DATE M M M O 5 FEC IDENTIFICATION OF THE STATEM	TION NUME	BER	(2 0 0 9 Y) V (N) OR	<u>c</u>	AMENDED (A)		. •		·
cert	ify that I have examin	ed this Staten	nent and	to the best of my kn	owledge and	belief it is true, correct a	and complete	· · · · · · · · · · · · · · · · · · ·		
Туре	e or Print Name of	Treasurer		Keith A. Davis					<u></u> -	
Sign	ature of Treasurer	1	Vii.	HA.	De.	·	Date	0,5	15	Ź009°
NOT	E: Submission of false			•	•	person signing this State		•	_	37g.
	Office Use Only					For further Informatic Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	nission		_	ORM 1 02/2009)

	FEC F	orm 1 (Revised 02/2009) Page 2	
i.	TYPE OF CO	DMMITTEE (Check One)	_
	Candidate C	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	i <u></u>	
	Candidate Party Affiliat	ion Office State President District	
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	nittee:	_
	(d)	(National, State (Democratic, Republican,etc.) Part	y.
	Political Ac	tion Committee (PAC):	_
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a	a :
		Corporation Corporation w/o Capital Stock Labor Organization	
		Membership Organization Trade Association Cooperative	
	(f)	In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party	
	ш	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 Fundra	alsing 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) X	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.	
	Con	nmittees Participating in Joint Fundraiser	
		1. REPUBLICAN MAJORITY FUND 1. FEC ID number C C00296640	
		2. NEXT CENTURY FUND 2. FEC ID number C C00343947	
		3. FEC ID number C	
		FEC ID number	

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rganization, Affiliated Committee, Joint Fundra	ising Representative, or Lea	dership PAC Sponsor
		'
1	· . . .	
	STATE A	ZIP CODE A
-		
n Affiliated Committee Joint Fu	ndraising Representative	Leadership PAC Sponsor
	_	
228 S. Washington Street		
228 S. Washington Street Sulte 115 Alexandria	VA	22314 _
Sulte 115	VASTATE &	22314
Suite 115 Alexandria CITY A		
Suite 115 Alexandria CITY A	STATE Telephone number 703 The treasurer of the commit	ZIP CODE 1 - 549 - 7705
Suite 115 Alexandria CITY A e and address (phone number optional) of to the designated agent (e.g., assistant treasurer)	STATE Telephone number 703 The treasurer of the commit	ZIP CODE 1 - 549 - 7705
Sulte 115 Alexandria CITY A e and address (phone number optional) of the property designated agent (e.g., assistant treasurer) A. Davis	STATE Telephone number 703 The treasurer of the commit	ZIP CODE 1 - 549 - 7705
Sulte 115 Alexandria CITY A e and address (phone number optional) of the designated agent (e.g., assistant treasurer) A. Davis 228 S. Washington Street	STATE Telephone number 703 The treasurer of the commit	ZIP CODE 1 - 549 - 7705
Sulte 115 Alexandria CITY A e and address (phone number optional) of the designated agent (e.g., assistant treasurer) A. Davis 228 S. Washington Street Suite 115	STATE A Telephone number	ZIP CODE &
	Organization, Affiliated Committee, Joint Fundra	organization, Affiliated Committee, Joint Fundralsing Representative, or Leader State CITY STATE Affiliated Committee Joint Fundralsing Representative dentify by name, address, (phone number — optional), and position of the persons and records.

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Full Name of Designated Agent	Cabell Hobbs		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		22314 –
Title or Position♥	CITY A	STATE &	ZIP CODE A
Assista	ant Treasurer	Telephone number 703	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposito	maintains funds.	ich the committee deposits funds	, holds accounts, rents
Mailing Address	1909 K Street NW		
	:	<u> </u>	
	Washington		20006 _
	Washington CITY A	DC	20006
Name of Bank, Deposite	CITY 🛕		
Name of Bank, Deposite	CITY 🛕		
Name of Bank, Deposite	CITY △ ory, etc.		ZIP CODE A
<u>L i</u>	CITY △ ory, etc.	STATE	ZIP CODE A
<u>L i</u>	CITY _A Dry, etc.	STATE A	ZIP CODE A

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):