Image# 201807039115211869				07/03/2018 10 . 03
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4 🗕
			Offi	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Kelly Reed Victo	ny Committee			
ADDRESS (number and street)	228 S. Washington St.			
(Check if address	Ste. 115			
is changed)	, Alexandria		VA2231	14
	CITY 🔺		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR				
(Check if address is changed)	llisker@hdafec.com			
	Optional Second E-Mail Ac	Idress		
(Check if address is changed)				
	D / Y Y Y Y 2018			
B. FEC IDENTIFICATION N		00682062		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the bes	t of my knowledge and belief i	t is true, correct and	complete.
,		,	,	•
Type or Print Name of Treasur	er Lisker, Lisa, , ,			
Signature of Treasurer	er, Lisa, , ,	[Electronically Filed]	Date 07	D D / Y Y Y 03 2018
NOTE: Submission of false, erro		may subject the person signing		penalties of 2 U.S.C. §437
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FI	EC For	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Canc	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name Candio			
Candio Party	date Affiliatio	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candio			
Party	/ Com	imittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor 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 se committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	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.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	MIKE KELLY FOR CONGRESS	474189
	2.	TOM REED FOR CONGRESS	464032
	3.	KEEP AMERICA ROLLING PAC	524603
	4.	EXCELSIOR PAC	541078

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Write or Type Committee Name

Kelly Reed Victory Committee

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

Mailing Address													
	CITY												
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse													

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lisker, Lis	a, , ,
Full Name	
Mailing Address	228 S. Washington St.
	Ste. 115
	Alexandria VA 22314 Image: Image in the im
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	Lisker, Lisa, , ,
Mailing Address	228 S. Washington St.
	Ste. 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position	

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Full Name of Designated Agent																					1							
Mailing Address			l																									
			l																									
			l																								1	
	CITY																STA	λΤΕ			ZI	ΡC	DE					
Title or Position																												
											Tele	eph	one	e ni	umt	ber												

9. 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																		
Mailing Address	1909	9 K St., NW																	
	Wa	shington								L	DC		2	0006					
				CITY	/					ST	ATE				ZIP	CODI	Ē		
Name of Bank, D	epository, etc.																		
																_ _			
Mailing Address																			
										L			L						
				CITY	/					ST	ATE				ZIP	CODI	Ξ		