## NONO: ON: OM: OM: OOMHHONO

## STATEMENT OF

KECENY SENIE

PAGE 1 / 4 ---

FORM 1	0	RGANIZA	ATION	FEC MAIL CENTER  FES -3 AM 10: 52  Office Use Only
1. NAME OF COMMITTEE (in		Check if name s changed)	Example: If typing, type over the lines.	12FE4M5
Jacobs Vict	-	- ,	over the lines.	
		<u>                                     </u>		
		/ashington Street	_	<u> </u>
ADDRESS (number an	d street)			
Check if a is changed				
	Alexand	ria <u>IIIIIII</u> TY▲		STATE A ZIP CODE A
COMMITTEE'S E-MA	IL ADDRESS			
☐ ◀ (Check if a is changed	-	@hdafec.com		
	Optional I	Second E-Mail Add	dress	1
	<u> </u>	1_1_1_1_1		
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)		
☐ ◀ (Check if a is changed				
	L	<u>!                                    </u>		
2. DATE 01	31	2020		
3. FEC IDENTIFIC	ATION NUMBER D			
4. IS THIS STATEM	ENT K NEW	(N) OR	AMENDED (A)	
I certify that I have e	xamined this Stateme	ent and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of	f Treasurer Kei	th A. Davis		
Signature of Treasure	fail	(A)	Vasi	Date 01 31 2020
NOTE: Submission of f			may subject the person signing ON SHOULD BE REPORTED	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	

F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE							
Candidate Committee:							
(a)	Ц	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. (Coninformation below.)	mplete the candidate				
Name Cand							
Candi Party	idate Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	y Con	nmittee:	_				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Polit	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	segregated 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	Iraising Representative:					
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political				
	Com	mittees Participating in Joint Fundraiser					
	00111	IACORS FOR CONGRESS	0700700				
	1.	NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE	0706788				
	2.		0055582				
	3.	NRCC FEC ID number C C0	0075820				
	4.	FEC ID number					

Write or Type Committee Name								
Jacobs Victory Committee								
rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor								
<u>                                     </u>								
CITY STATE ZIP CODE								
Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor								
ntify by name, address (phone number optional) and position of the person in possession of committee								
th A., , ,								
228 S. Washington Street								
Suite 115								
Alexandria , VA , 22314 , ,								
CITY STATE ZIP CODE								
Telephone number 703 - 549 - 7705								
d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).								
h A.,,								
228 S. Washington Street								
Suite 115								
Alexandria CITY STATE ZIP CODE								
703 - 549 - 7705  Telephone number								

FEC For	m 1 (Revised 02/2009)	Page 4					
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 Assistant Treas	surer Telephone number 703 -	549 - 7705					
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 K Street NW						
	Washington DC 20006						
	CITY STATE	ZIP CODE					
Name of Bank,	Depository, etc.						
Mailing Address							
	CITY STATE	ZIP CODE					

2020 02



ORIGIN ID:NDVA (70
KEITH DAVIS
HUCKABY DAVIS LISKER
228 S WASHINGTON ST
STE 115
ALEXANDRIA, VA 22314
UNITED STATES US (703) 549-7705

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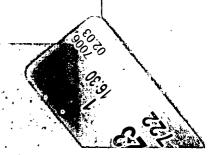
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20463 IAD DC-US



Extremely Urgent

1/31/2020



## Federal Election Commission ACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how	
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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
han	2/3/20
PREPARER ///	DATE PREPARED