Image# 202109079466619041			1	PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZA	_		I
1. NAME OF	(Check if name	Example:If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Friends of Jennit	fer Lewis			
	PO Box 1962			
ADDRESS (number and street)				
<ul><li>(Check if address is changed)</li></ul>				
	Staunton		VA 24402	
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	info@friendsofjenniferle	wis.com		
	Optional Second E-Mail Add	ress rlawis.com		
	penemendsoljennine			
COMMITTEE'S WEB PAGE AU	DDRESS (URL)			
	D / Y Y Y Y 2021			
3. FEC IDENTIFICATION N		0669531		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasur	er Almy, Peri, , ,			
Signature of Treasurer	y, Peri, , ,	[Electronically Filed]	Date 09	07 / Y Y Y Y 2021
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMATIC			nalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on <b>F</b>	EC FORM 1 Revised 06/2012)

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	FI	EC Fo	rm 1 (Revised 02/2009) Page 2								
	TYPE	OF C	OMMITTEE								
	Cand	didate	e 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 Candio										
	Candio		Office State	/A							
	Party	Affiliatio		6							
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candio										
	Party	/ Con	nmittee:								
	(d)		This committee is a   (National, State or subordinate) committee of the   (Democratic, Republican, etc.) Patient	irty.							
Political Action Committee (PAC):											
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:							
			Corporation Corporation w/o Capital Stock Labor Organization	n							
			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 segregated fund or pa committee. (i.e., nonconnected committee)	arty							
			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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
		Com	mittees Participating in Joint Fundraiser								
		1.	FEC ID number								
		2.	FEC ID number								
		3.	FEC ID number								
		4.									

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Write or Type Committee Name

1 1

## Friends of Jennifer Lewis

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

N 																																				
	Mailing Address																																			
																					L						1	_				-				
									CIT	Y											S	TA	ΤE						Z	IP	С	DC	E			
	Relationship: Con	nnected	l Org	janiz	ation		Aff	iliate	ed C	Con	nmi	itte	e		Joi	int F	un	ıdra	isir	ng	Re	pre	ese	nta	tiv	e		Le	ead	ers	shij	p F	AC	: Sp	oon	isor
7.	Custodian of Record books and records.	<b>ls:</b> Iden	itify l	oy na	ame,	add	res	s (p	hon	ne i	nun	nbe	er	- op	otio	nal)	) ai	nd	pos	sitic	on	of	the	e pe	ers	on	in	рс	ISS	ess	ior	пc	of c	om	mit	tee
		ny, Peri,	, , ,																																	
	Full Name				. 100																															
	Mailing Address				< 196																															
			St	aunt	on																L	VA				24	140	)2				-				
	Title or Position								СІТ	Y											ST	AT	E						Z	IP	СС	DD	E			
	I Treasurer										I													4	34		1	I	2	70	1			37	39	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).

Telephone number

Full Name of Treasurer	Almy, Peri, , ,
Mailing Address	PO Box 1962
	Staunton     VA     24402
	CITY STATE ZIP CODE
Title or Position Treasurer	1 1 1 1 1 270 3739   1 1 1 1 1 1 1

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Full Name of Designated Agent																												
Mailing Address																												
CITY															STA	ΛΤΕ				ZIF	D C	OD	Е					
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.

DuPon			
Mailing Address	140 Lucy Lane		
	Waynesboro		80
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE