Image# 202104029443060093				PAGE 1/7
FEC FORM 1	STATEMEI ORGANIZ			
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
2021 Senators C		e		
ADDRESS (number and street)	228 S. Washington Street			
(Check if address	Suite 115			
is changed)	Alexandria		VA 2	22314
			STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	kdavis@hdafec.com			
is changed)	Optional Second E-Mail Ad	dress		
	liiskei @huaiec.com			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 04 0	2 / Y Y Y Y 2 2021			
3. FEC IDENTIFICATION N	UMBER ► C c	00775379		
4 IS THIS STATEMENT				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasure	Pr Davis, Keith, A., ,			
Signature of Treasurer Davi.	s, Keith, A., ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 02 2021
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED		he penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

04/02/2021 17:37

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2							
. TYPE	E OF C	OMMITTEE								
Can	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. (Com information below.)	plete the candidate							
Name Cand	e of lidate									
	lidate / Affiliati	on Office Sought: House Senate President	State							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name Cand										
Part	ty Con	nmittee:								
(d)			(Democratic, Republican, etc.) Party.							
Political Action Committee (PAC):										
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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)	gregated 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.)								
Join	t Func	raising Representative:								
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.	o or more political							
	Com	mittees Participating in Joint Fundraiser								
	1.	BOOZMAN FOR ARKANSAS	476317							
	2.	MIKE CRAPO FOR US SENATE	330886							
	3.	GRASSLEY COMMITTEE, INC. FEC ID number C C002	230482							
	4.	HOEVEN FOR SENATE	73371							

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Page 3

Write or Type Committee Name

2021 Senators Classic Committee

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

Mailing Address				
	CITY	STA	ATE ZIP CODE	
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Repr	esentative Leadership PAC Sp	onsor

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

Davis, Kei	th, A., ,
Full Name	
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria VA 22314 Image: Image in the im
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

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	Davis, Keith, A., ,
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 549 7705

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Lisker, Lisa	, R., ,
Agent		
Mailing Address		228 S. Washington Street
		Suite 115
		Alexandria VA 22314 Image: Image in the image in th
		CITY STATE ZIP CODE
Title or Position	urer	Telephone number

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.

Truist			
Mailing Address	1445 New York Avenue NW		
	4th Floor		
	Washington		20005
	CITY	STATE	ZIP CODE
Name of Bank, Depository, o	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 ar		Page _5 of 7
5(g) or (h). Joint Fundraising Participant:			
		FEC ID number	C C00482984
JOHN KENNEDY FOR US		FEC ID number	C C00608398
FAMILIES FOR JAMES LAN	KFORD	FEC ID number	C C00466482
4. FRIENDS OF MIKE LEE INC		FEC ID number	C C00473827
6. Name of Any Connected Organization, A	ffiliated Committee, Joint Fundrais		
Relationship:	CITY A	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fi	undraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify by name, addre	ess (phone number – optional)		
Full Name			
Mailing Address			

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.

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TITLE OR POSITION V

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Name of Bank, Depository, etc.																							
Mailing Address	L																						
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Telephone Number

STATE A

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ZIP CODE

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FEC Form 1S (Revised 02/2017)	Optional Supplemental Ir for Lines 5(g) or (h), 6, 8		Page of
5(g) or (h). Joint Fundraising Partic MORAN FOR KANSA 1. LISA MURKOWSKI FO 2. RAND PAUL FOR US 3. MARCO RUBIO FOR 4. MARCO RUBIO FOR	S 	FEC ID number FEC ID number FEC ID number FEC ID number	 C C00458315 C C00384529 C C00496075 C C00620518
Mailing Address			
Relationship:	CITY CITY	The second seco	ZIP CODE Ative
3. Designated Agent: Identify by nan	ne, address (phone number – optional)		
Full Name			
L⊥ TITLE OR POSITION ▼			
		elephone Number	

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.																							
Mailing Address																							
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Ima	ge# 202104029443060099		
	FEC Form 1S (Revised 02/20	7) Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page _7_ of 7
5(g)	or (h). Joint Fundraising TIM SCOTT FOF 1. FRIENDS OF JO 2. FRIENDS OF TC 3	SENATE FEC ID number	C C00540302 C C00409581 C C00459255 C
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address		
	Relationship:		
	Connected		
8.	Designated Agent: Identify b	y name, address (phone number – optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	CITY A STATE A	ZIP CODE
		Telephone Number	

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.																													1	
Mailing Address																														
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													STATE A							ZIP CODE										