

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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Office use only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines

12FE4M5

Basli Mossaidis for Congress

ADDRESS (number and street)

228 S. Washington Street

Suite 115

(Check if address
is changed)

Alexandria

VA

22314

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kdavis@hdaefac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7036840683

2. DATE

MM
04

DD
02

YYYY
2007

3. FEC IDENTIFICATION NUMBER

C

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 complete

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Keith A. Davis

Date

MM
04

DD
02

YYYY
2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1

(Revised 12/2003)

27039413098

5. TYPE OF COMMITTEE (Check One)

- (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 **Basil Mossaidis**

Candidate Party Affiliation

REP

Office Sought:

☒

House

☐ Senate

☐ President

State

VA

District

8th

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) ☐ This committee is a ☐ (National, State (or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation

☐ Corporation w/o Capital Stock

☐ Labor Organization

☐ Membership Organization

☐ Trade Association

☐ Cooperative

27039413099

Write or Type Committee Name

Basil Mossaidis for Congress

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

Full Name **Keith A. Davis**

Mailing Address **228 S. Washington Street**

Suite 115

Alexandria VA 22314

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number **703 549 7705**

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 **Keith A. Davis**

Mailing Address **228 S. Washington Street**

Suite 115

Alexandria VA 22314

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number **703 549 7705**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number

27039413100

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

300 S. Washington Street

Alexandria

VA

22314

CITY

STATE

ZIP CODE

27039413101

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.

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☐ Other (Specify):	Date of Receipt or Postmarked
<i>JE</i> PREPARER	<i>4/4/07</i> DATE PREPARED