FEC FORM 1		STATE ORGA				PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if n is changed)		ample:If typing, type er the lines.	12FE4M5	
Friends of H	Handel					
ADDRESS (number a	nd street)	228 S. Washington S	Street			
(Check if a is changed	address	Suite 115				
is changed	1)	Alexandria			UA STATE ▲	22314 –
COMMITTEE'S E-MA	AIL ADDRES	S				
(Check if a is changed	address 1)	kdavis@hdafec.	com			
, , , , , , , , , , , , , , , , , , ,	,	Optional Second E	Mail Address			
COMMITTEE'S WEB	address	RESS (URL)				
2. DATE 04	M / D D D D D D D D D D D D D D D D D D	2017]			
3. FEC IDENTIFIC	CATION NUI	MBER 🕨	C C006349	49		
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have e	examined this	Statement and to	the best of my	knowledge and belief i	t is true, correct	and complete.
Type or Print Name	of Treasurer	Davis, Keith A., , ,				
Signature of Treasure	er Davis, I	Keith A., , ,		[Electronically Filed]	Date 04	/ D D / Y Y Y Y 24 2017
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 of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	orm 1 (Revised 02/2009) F	Page 2
TYP	E OF C	COMMITTEE	
Car	ndidate	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 information below.)	candidate
	ne of didate	HANDEL, KAREN CHRISTINE, , ,	
	didate y Affiliati	tion REP Office State Senate President Dist	Of
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democr Republic	atic, an, etc.) Pai
Pol	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization i
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coope	rative
		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 committee. (i.e., nonconnected committee)	l fund or pa
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

Friends of Handel

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

Mailing Address				
CITY			STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				

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 of the second sec
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	Davis, Keith A., , ,
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria VA 22314 -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 549 7705

Full Name of Designated	Lisker, Lisa	R., , ,	_
Agent			
Mailing Address	l	228 S. Washington Street	
	l	Suite 115	
	l	Alexandria	
		CITY STATE ZIP CODE	
Title or Position	urer	Telephone number 703 549 7705	

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 K Street NW					
	Washington	DC 20006				
	CITY	STATE ZIP C	CODE			
Name of Bank, D	Name of Bank, Depository, etc.					
Mailing Address						
	CITY	STATE ZIP C	CODE			