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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL 4TH DISTRICT REPUBLICAN PA		
(b) Number and Street Address 9401 COURTHOUSE ROAD		2. FEC IDENTIFICATION NUMBER C00628248
(c) City, State and ZIP Code CHESTERFIELD	VA 23832	3. TYPE OF COMMITTEE (check one)

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on <u>10/28/2016</u> and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: REPUBLICAN PARTY OF VIRGINIA INC

FEC Identification Number: ______

5. STATUS BY QUALIFICATION:

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

- (b) **Contributors:** The committee received a contribution from its 51st contributor on:______.
- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: ______.
- (d) Qualification: The committee met the above requirements on: ______.

I certify that I have examined this Statement and to TYPE OR PRINT NAME OF TREASURER Selph, John, G., Mr.,				e best of my knowledge and belief it is true, correct and complete. SIGNATURE OF TREASURER Selph, John, G., Mr.,		y DATE 11/03/2016
NOTE: Sub	mission of false, e			e information may subject the person signir INFORMATION SHOULD BE REPORTED		alties of 2 U.S.C. §437g.
				For further information contact: Federal Election Commission, Washington Foll-free 800-424-9530 _ocal 202-694-1100	DC 20463	FEC FORM 1M (Revised 1/2001)