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2004 JAN -6 A 9 21

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (or full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M6

Path Congressional District Democratic  
Committee of Virginia

ADDRESS (number and street)

PO Box 13894

(Check if address  
is changed)

Rosswood

VA

24033

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lissie1@earthlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

540-463-3721

2. DATE

12 31 2003

3. FEC IDENTIFICATION NUMBER ▶

C 000 399 7

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

Dorothy S. Buckner

Signature of Treasurer

Dorothy S. Buckner

Date

12 31 2003

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

FEC FORM 1  
(Revised 02/2003)

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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a SOB (National, State or subordinate) committee of the DEM (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 of party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                                |                    |
|-------------------------|--------------------------------|--------------------|
| Corporation             | Corporation with Capital Stock | Other Organization |
| Membership Organization | Trade Association              | Cooperative        |

Write or Type Committee Name

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 Dorothy Buchanan

Mailing Address 515 104th St

Lexington VA 24450

Title or Position  CITY  STATE  ZIP CODE

Treasurer Telephone number (540) 468-1923

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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

\_\_\_\_\_ Telephone number \_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

\_\_\_\_\_ Telephone number \_\_\_\_\_

9. Banks or Other Depositories: List all banks or other depositories in which the committee reports funds, boxes accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

B. B. B. T. E.

Mailing Address

MAIN STREET

BURHAMMAN VA 22006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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