

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Westmoreland Democratic Committee

ADDRESS (number and street)

P.O. Box 26

(Check if address is changed)

Colonial Beach

CITY ▲

VA

STATE ▲

22443

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

westmorelandvadems@gmail.com

Optional Second E-Mail Address

donnaryan1313@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://www.facebook.com/WestmorelandDemocrats/

2. DATE

MM / DD / YYYY
08 / 26 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C C00686154

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 Fray, Carolyn, , Ms,

Signature of Treasurer

Fray, Carolyn, , Ms,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 28 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

5. TYPE OF COMMITTEE:

Candidate 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
- (g) This committee is an independent expenditure-only political committee (Super PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

Westmoreland Democratic Committee

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

NONE

Grid lines for text entry

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Fray, Carolyn, , Ms,

Full Name

Grid lines for full name

Mailing Address

404 Monroe Point Dr

Grid lines for mailing address

Colonial Beach

VA

22443

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title or position

Telephone number

540

840

5331

Grid lines for 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).

Fray, Carolyn, , Ms,

Full Name of Treasurer

Grid lines for full name of treasurer

Mailing Address

404 Monroe Point Dr

Grid lines for mailing address

Colonial Beach

VA

22443

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title or position

Telephone number

540

840

5331

Grid lines for telephone number

Full Name of Designated Agent Sullivan, Caryn, Self, ,

Mailing Address 2010 Beach Avenue
Colonial Beach VA 22443
CITY STATE ZIP CODE

Title or Position Committee Chair Telephone number 540 287 8207

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.

Atlantic Union Bank & Trust

Mailing Address 840 McKinney Boulevard
Colonial Beach VA 22443
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Maschal, Alberta, , Ms,
Full Name

15 Marshal Dr
Mailing Address

Colonial Beach VA 22443

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assist Treasurer 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲