

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Fairfax County Democratic Committee - Federal

ADDRESS (number and street)

2815 Hartland Road

(Check if address is changed)

Falls Church

VA

22043

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

treasurer@fairfaxdemocrats.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.fairfaxdemocrats.org

COMMITTEE'S FAX NUMBER

7035607006

2. DATE

01 / 30 / 2006

3. FEC IDENTIFICATION NUMBER

C C00277541

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

Bruce H. Neilson

Signature of Treasurer

Electronically Filed by Bruce H. Neilson

Date

01 / 18 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 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

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

Name of Candidate _____

- (d) This committee is a **SUB** (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 or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____ - _____
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Fairfax County Democratic Committee - Federal

- 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 **Bruce H. Neilson**

Mailing Address **5102 Richardson Dr**

Fairfax **VA** **22032** -

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

Treasurer Telephone number **703** - **573** - **6811**

- 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 **Bruce H. Neilson**

Mailing Address **5102 Richardson Dr**

Fairfax **VA** **22032** -

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

Treasurer Telephone number **703** - **573** - **6811**

Full Name of Designated Agent **Bruce H. Neilson**

Mailing Address **5102 Richardson Dr**

Fairfax **VA** **22032** -

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

Treasurer Telephone number **703** - **573** - **6811**

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.

Virginia Commerce Bank

Mailing Address

5350 Lee Highway

Arlington

VA

22207 - 1608

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[ADDITIONAL]

Full Name | **Scott Surovell** |

Mailing Address | **7739 Tauxemont Rd** |

| **Alexandria** | **VA** | **22308** - |

Title or Position ▼ | **Committee Chair** | CITY ▲ | STATE ▲ | ZIP CODE ▲

| Telephone number | **703** - **573** - **6811** |

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.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[**ADDITIONAL**]

Full Name **Nadja Golding**

Mailing Address **1942 Rhode Island Ave**

McLean **VA** **22101**

Title or Position **Assistant Treasurer** **CITY** **STATE** **ZIP CODE**

703 **573** **6811**
Telephone number

Image# 28930070093

Form/Schedule: **F1A**

The primary purpose of this communication is to provide updated email and URL addresses for future electronic communications from FEC.

Transaction ID:
