

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

Rockingham County Democratic Committee

ADDRESS (number and street)

11830 Fort Turley Trail

(Check if address is changed)

Linville

CITY ▲

VA

STATE ▲

22834

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

diannefulk@gmail.com

Optional Second E-Mail Address

susansheridan28@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://rockdemsva.org

2. DATE

MM / DD / YYYY
10 / 23 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C C00690198

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 Fulk, Dianne, , Ms.,

Signature of Treasurer

Fulk, Dianne, , Ms.,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2018

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 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Rockingham County Democratic Committee

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

DEMOCRATIC PARTY OF VIRGINIA

Mailing Address

919 EAST MAIN STREET

SUITE 2050

RICHMOND

VA

23219

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.

Full Name Fulk, Dianne, , Ms.,

Mailing Address 11830 Fort Turley Trail

Linville

VA

22834

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 540 - 820 - 5300

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 Fulk, Dianne, , Ms.,

Mailing Address 11830 Fort Turley Trail

Linville

VA

22834

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 540 - 820 - 5300

Full Name of Designated Agent Sheridan, Susan, , Ms.,

Mailing Address 1950 Glenmoor Dr.

Rockingham VA 22801

CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 540 - 325 - 2845

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.

Farmers and Merchants Bank

Mailing Address PO Box 545

Broadway VA 22815

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE