

FEC
FORM 1

STATEMENT OF
ORGANIZATION

2006 JAN 17 A 9:28

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Sixth District Democratic Committee of
VIRGINIA

ADDRESS (number and street)

502 TAYLOR ST



(Check if address
is changed)

LEXINGTON

VA

24450

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://16thdistrictva.demcommittee.org/

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY
01 / 12 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C00003897

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. Blackwell

Signature of Treasurer

Dorothy S. Blackwell

Date

MM / DD / YYYY
01 / 12 / 2006

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 02/2003)

26038950132

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

DEMOCRATIC PARTY OF VIRGINIA _____

Mailing Address 11108 E MAIN ST _____
 RICHMOND VA 23219- _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATE COMM _____

Type of Connected Organization:

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

26038950133

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 S BLACKWELL

Mailing Address 502 TAYLOR ST

LEXINGTON VA 24450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-817-4212

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 DOROTHY S BLACKWELL

Mailing Address 502 TAYLOR ST

LEXINGTON VA 24450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-817-4212

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26038950134

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.

B.B.T.

Mailing Address

537 E NELSON ST

LEXINGTON VA 24450-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26058950135

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMK *1-17-06*
 PREPARER DATE PREPARED

26038950136