

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 FEB 29 AM 8:52

Office Use Only  
FEC STATE CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF JASON HOWELL

ADDRESS (number and street)

P O BOX 5321

(Check if address is changed)

ARLINGTON

VA

22205

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

JASON@VOTEJASONHOWELL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.VOTEJASONHOWELL.com

2. DATE

12 / 12 / 2011

3. FEC IDENTIFICATION NUMBER

[Empty box]

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

KATHY GEORGEN

Signature of Treasurer

*Kathy J. Georg*

Date

02 / 22 / 2012

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 02/2009)

12030751140

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 JASON HOWELL

Candidate Party Affiliation IND Office Sought:  House  Senate  President State VA District 08

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

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

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (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 \_\_\_\_\_

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Write or Type Committee Name

# FRIENDS OF JASON HOWELL

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

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

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

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 KATHY GEORGEN

Mailing Address 243 CHURCH STREET NW  
SUITE 100 E  
VIENNA VA 22180 - \_\_\_\_\_

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703 - 319 - 3990

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 KATHY GEORGEN

Mailing Address 243 CHURCH STREET NW  
SUITE 100 E  
VIENNA VA 22180 - \_\_\_\_\_

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703 - 319 - 3990

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Full Name of Designated Agent

JASON HOWELL

Mailing Address

PO BOX 5321

ARLINGTON

CITY

VA

STATE

22205

ZIP CODE

Title or Position

CANDIDATE

Telephone number

703

867

2387

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.

BURKE & HERBERT BANK

Mailing Address

302 MAPLE AVENUE WEST

VIENNA

CITY

VA

STATE

22180

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030751143

**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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Other (Specify): Date of Receipt or Postmarked



2/29/12

PREPARER  
(3/2005)

DATE PREPARED

12030751144