# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE (IN FULL) [ ] (Check if name is changed)
The Committee for Responsible Government-Virginia, Power, North Carolina-Power & Dominion-Resources, Inc.

(b) Number and Street Address [ ] (Check if address is changed)
P. O. Box 26666

(c) City, State and ZIP Code
Richmond, Virginia 23261

MAR 8 12 44 PM '99

2. DATE
03/02/99

3. FEC IDENTIFICATION NUMBER
C00108209

4. IS THIS STATEMENT AN AMENDMENT?
[X] YES [ ] NO

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 | State/District |
|---|---|---|---|
| | | | |

[ ] (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee
(name of candidate)

[ ] (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

[ ] (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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| | | |

Type of Connected Organization
[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [ ] Membership Organization [ ] Trade Association [ ] Cooperative

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 | Mailing Address | Title or Position |
|---|---|---|
| | | |

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 | Mailing Address | Title or Position |
|---|---|---|
| M. S. Bolton, Jr. | P. O. Box 26666, Richmond, VA 23261 | Treasurer |
| Hunter Applewhite | P. O. Box 26532, Richmond, VA 23261 | Asst. Treasurer |

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 and ZIP Code |
|---|---|
| | |

*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: Hiram R. Johnson - Chairman

SIGNATURE OF TREASURER: Hiram R. Johnson

DATE: 3/2/99

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.

For further information contact:
Federal Election Commission
Toll-Free 800-424-9530
Local 202-376-3120

**FEC FORM 1**
(revised 4/87)

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☐ | Hand Delivered | Date of Receipt |
| ☑ | First Class Mail | POSTMARKED 3/2/99 |
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| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

EV
PREPARER

3/8/99
DATE PREPARED

(4/98)