(Revised 06/2012)

FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. First PAC 3420 Pump Rd ADDRESS (number and street) #302 (Check if address is changed) Henrico 23233 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS firstvapac@gmail.com (Check if address is changed) Optional Second E-Mail Address joel@leonardonline.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2017 C00654368 FEC IDENTIFICATION NUMBER > 3. X 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. Smith, Jeanette, , , Type or Print Name of Treasurer Smith, Jeanette, , , [Electronically Filed] 80 30 2017 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

	EEC Eo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
		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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)	×	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate	Williams, Lavangelene, , ,	
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise		Page 3
Write or Type Committee Na	ame	
First PAC		
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
FRIENDS OF VANO	GIE WILLIAMS	
Mailing Address	P.O. BOX 1106	
	DAHLGREN VA	22448
	CITY STATI	E ZIP CODE
Relationship: Connec	cted Organization 🗶 Affiliated Committee 📗 Joint Fundraising Repres	entative Leadership PAC Sponsor
7. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the	ne person in possession of committee
	Jeanette, , ,	
Full Name	3420 Pump Rd	
Mailing Address	Suite 302	
	Henrico	23233
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. Treasurer: List the name any designated agent (e.ç	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	ttee; and the name and address of
	Jeanette, , ,	ı
of Treasurer	3420 Pump Rd	
Mailing Address		
	Suite 302	
	Henrico VA CITY STATE	23233 ZIP CODE
Title or Position	3	
	Telephone number	

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Full Name of Designated Agent	Leonard, Je	oel, , ,	
Mailing Address		3420 Pump Rd	
J		Suite 302	
		Henrico VA	23233
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
	oxes or main		
Name of Bank, I			
	Depository, e	otc.	
Name of Bank, I	Depository, e	11704 West Broad St	123233
Name of Bank, I	Depository, e	11704 West Broad St	23233
Name of Bank, I	Depository, e	11704 West Broad St	23233
Name of Bank, I	Depository, e	11704 West Broad St Henrico CITY STATE	
Name of Bank, I	Depository, e	Henrico CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	11704 West Broad St Henrico CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	Henrico CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	Henrico CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	Henrico CITY STATE	ZIP CODE