

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

REPUBLICAN PARTY OF VIRGINIA INC

ADDRESS (number and street)

115 EAST GRACE STREET

(Check if address is changed)

RICHMOND

CITY ▲

VA

STATE ▲

23219-1741

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

floehr@rpv.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.rpv.org

2. DATE

12 / 11 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00001305

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 Mr. Richard A Nilsen

Signature of Treasurer

Mr. Richard A Nilsen

[Electronically Filed]

Date

12 / 11 / 2014

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 STA (National, State or subordinate) committee of the REP (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

REPUBLICAN PARTY OF VIRGINIA INC

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

GILLESPIE VICTORY FUND

Mailing Address

PO BOX 71596

RICHMOND

CITY

VA

STATE

23255

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 Mr. Francis A. Loehr III

Mailing Address 9305 Edington Dr

Richmond

CITY

VA

STATE

23237

ZIP CODE

Title or Position

Controller

Telephone number 804 - 780 - 0111

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 Mr. Richard A Nilsen

Mailing Address 4518 Lantern Place

Alexandria

CITY

VA

STATE

22306

ZIP CODE

Title or Position Treasurer

Telephone number 804 - 780 - 0111

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for Telephone number]

[Empty field for Telephone number]

[Empty field for Telephone number]

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.

Wells Fargo Bank

[Empty field for Wells Fargo Bank]

Mailing Address

1021 E. Cary St.

[Empty field for Mailing Address]

[Empty field for Mailing Address]

Richmond

[Empty field for Mailing Address]

VA

23219

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Chain Bridge Bank

[Empty field for Chain Bridge Bank]

Mailing Address

1445-A Laughlin Ave

[Empty field for Mailing Address]

[Empty field for Mailing Address]

McLean

[Empty field for Mailing Address]

VA

22101

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Bank of America

Mailing Address

8001 Patterson Ave

Richmond

VA

23229

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - _____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____