

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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

VA

23219

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8043431060

2. DATE

MM / DD / YYYY
10 / 02 / 2004

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 J. Peter Clements

Signature of Treasurer

Electronically Filed by J. Peter Clements

Date

MM / DD / YYYY
04 / 25 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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

FRIENDS OF GEORGE ALLEN _____

Mailing Address **PO BOX 6859** _____

 ARLINGTON **VA** **22206** - _____
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Affiliate** _____

Type of Connected Organization:

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

Write or Type Committee Name

REPUBLICAN PARTY OF VIRGINIA INC

- 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 Mrs. Trudi P. Dickert

Mailing Address 124 Carriage Point Lane

Glen Allen VA 23059

Title or Position ▼ **Comptroller** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 804 261 1196

- 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 J. Peter Clements

Mailing Address P O Box 433

Carson VA 23830

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

_____ - _____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

Wachovia Bank/Richmond

Mailing Address

Third & Broad Streets

Richmond

VA

23219

CITY ▲

STATE ▲

ZIP CODE ▲