**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION	
1 Ottom 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
Every Republic	can Is Crucial (ERICPAC)	
ADDRESS (number and s	treet) 25 East Main Street, Suite 200	
(Check if address		
is changed)	Richmond	VA 23219 - 1111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	melinda@creativedirect.net	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
2. DATE 0.9	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION	TION NUMBER C C00384701	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct	t and complete
Type or Print Name of <sup>-</sup>	Freesurer Melinda Allen	
Type of Time Name of		
Signature of Treasurer	Electronically Filed by Melinda Allen	Date 09 / 28 / Y 2010
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office	For further informati	on contrat.
Use Only	Federal Election Com Toll Free 800-424-95	nission FEC FORM 1

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5.	TYPE OF CO	OMMITTEE (Check One)				
	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 information below.)	candidate			
	Name of Candidate					
	Candidate Party Affiliati	on 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 Comn	nittee:				
	(d)		Democratic, epublican,etc.) Party.			
	Political Act	tion Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:			
Corporation Corporation W/o Capital Stock Labor Or						
			perative			
		World Strip Organization	Cidive			
	(f)	In addition, this committee is a Lobbyist/Registrant PAC.	and or north			
	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. (i.e., nonconnected committee)	ind or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundra	aising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political			
	Com	mittees Participating in Joint Fundraiser				
		1. FEC ID number				
		2. FEC ID number				
		3. FEC ID number				
		FEC ID number				

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W	rite or Type Committee Name				
	Every Republican Is Cru	icial (ERICPAC)			
6.	Name of Any Connected Org	ganization, Affiliated Committee, J	oint Fundraising Representative,	or Leadership PAC Sponsor	
L	Eric Cantor				
	Mailing Address	6004 Oxbury Cou	<b>urt</b> 		
			<u> </u>		
		Glen Allen	<b>_</b>	23059	
		CITY	STATE	ZIP CODE 🛦	
	Relationship:				
	Connected Organization	Affiliated Committee	Joint Fundraising Representati	ive X 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.  Melinda Fowler Allen  Full Name				
	Mailing Address	25 East Main Str	eet		
		Suite 200			
		Richmond		23219	
	Title or Position ▼	CITY A	STATE	ZIP CODE A	
	Treasurer		Telephone number _	804 - 278 - 9142	
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  Melinda Fowler Allen				
	Mailing Address	25 East Main Str	reet		
		Suite 200			
		Richmond		23219	
	Title or Position ♥	CITY A	STATI	ZIP CODE A	
	Treasurer		Telephone number	804 _ 278 _ 9142	

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	Full Name of Designated Agent	_	Tammy Babbs		
	Mailing Address	S _	25 East Main Street		
			Suite 200		
		-	Richmond		23219 –
	Title or Position ▼		CITY A	STATE ▲	ZIP CODE A
	A	Assistant T	reasurer	Telephone number 804	
9.	Banks or Other I safety deposit box Name of Bank, De	kes or maintai epository, etc.	ns funds.	ch the committee deposits funds, ho	olds accounts, rents
		Suntru	st Bank		
	Mailing Address		Willow Lawn Mall		
			1601 Willow Lawn Drive		
			Richmond	VA L	23230 _
			CITY 🗻	STATE 4	ZIP CODE 🛕
	Name of Bank, De	epository, etc.			
	Mailing Address				
			CITY 🙇	STATE <b>⊿</b>	ZIP CODE 🛕

ns funds.		[ ADDITIONAL ]
		-
4501 Daly Drive		
Chantilly	VA	20151
CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕
anization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ ADDITIONAL rship PAC Sponsor
25 East Main Street		
Suite 200		
Richmond	VA	23219 
CITY▲	STATE A	ZIP CODE
Affiliated Committee X Joint Fundraising Re	presentative Lea	dership PAC Sponsor
		[ ADDITIONAL ]
CITY A	STATE <b>∆</b>	ZIP CODE A
	STATE <b>∆</b> sone number	ZIP CODE 1
	Bank  4501 Daly Drive  Chantilly  CITY △  25 East Main Street  Suite 200  Richmond  CITY▲	Chantilly  CITY  STATE   anization, Affiliated Committee, Joint Fundraising Representative, or Leader  Suite 200  Richmond  VA  STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the comr	mittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.	, tallad:		[ ADDITIONAL ]
BB&T			
Mailing Address	1909 K Street NW		
I	Washington	DC	20006
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Re	enresentative or Leade	[ ADDITIONAL
Founders Joint Committee		presentative, or Leade	ramp i Ao oponaoi
Mailing Address	228 South Washington Street		
	Suite 115		
	Alexandria	L VA	<b>22314</b>
elationship:	СІТУ▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising R	epresentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Mailing Address			
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A
	Telep	hone number	
Joint Fundraiser Participant	·		[ ADDITIONAL ]
I	1		-
	<u> </u>	FEC ID number	

Banks or Other Depositories: safety deposit boxes or maintain		mittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.	3.4	[	ADDITIONAL ]
Mailing Address			
	CITY 🗻	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leaders	[ ADDITIONAL ]
Take Back the House 201			
Mailing Address	25 East Main Street		
	Richmond	L VA	23219
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising R	epresentative Lead	lership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b> ∆</b>	ZIP CODE A
	Teler	hone number	
			[ ADDITIONAL ]
Joint Fundraiser Participant			[]
	F	FEC ID number	