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FEC FORM 1			TATEM RGAN									
1. NAME OF COMMITTEE (ir	,	is	Check if name changed)		ample: If ty or the lines	rping, type s.	12FE		Office Us	se Only		
ADDRESS (number a (Check if ac is changed)	nd street)	14249 H	ume Road					2	2639			
		Hume		CITY			STATE			ZIP CC	DDE	
COMMITTEE'S E-MA (Check if is change	address		provide only c		ddress)							
COMMITTEE'S WEB X (Check if is change)	address		RL) w.johndouglas	ssforcongres	s.com							
2. DATE 02	2 22	/ Y	2012									
3. FEC IDENTIFIC	CATION NUI	MBER	C	C004963	64							
4. IS THIS STATE!	MENT X	NEW	(N) OI	R	AMI	ENDED (A)						
I certify that I have a			nt and to the	best of my	knowledg	e and belief	it is true, o	correct a	nd com	plete.		
Signature of Treasure	Susan Do	ouglass			[Electron	nically Filed]	Date	02	/ D 2	2	20	012
NOTE: Submission of			omplete informa						e penal	ties of 2	U.S.C	. §437g.
Office					For furth	er information	contact:		FF(: FO	RM 1	l

C	Office		For further information contact:	FEC FORM 1
	Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

FEC Fo	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a) X	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. (Compinformation below.)	plete the candidate
Name of Candidate	John Douglass	
Candidate Party Affiliat	ion DEM Office Sought: X House Senate President	State VA District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the confide	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

FEC Form 1 (Revised	02/2000)	Page 3
Write or Type Committee Nan		raye 3
John Douglass		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
None		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connecto	ed Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponso
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in posse	ession of committee
Vickie W	inpisinger	
Full Name	,315 Inspiration Lane	
Mailing Address		
	Gaithersburg , MD , 20878	
	Gaithersburg MD 20878	
Title or Position	CITY STATE ZI	P CODE
Bookkeeper		17 - 0278
 Treasurer: List the name a any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Susan Do	ouglass	
of Treasurer	14249 Hume Road	
Mailing Address		
	Lilliuma	
	CITY STATE ZI	P CODE
Title or Position Treasurer	CITY STATE ZI	
	_ · · · · · · · · · · · · · · · · · · ·	

FEC For	m 1 (Revised	d 02/2009)	Page 4
Full Name of Designated Agent	1		
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
Banks or Othe safety deposit b Name of Bank,	oxes or mair		
safety deposit b Name of Bank,	Depository, 6	ntains funds.	
safety deposit b	Depository, 6	ntains funds. etc.	
safety deposit b Name of Bank,	Depository, 6	ntains funds. etc.	
safety deposit b Name of Bank,	Depository, 6	ntains funds. etc. 2947 S. Glebe Road	
safety deposit b Name of Bank,	oxes or mair Depository, e	ntains funds. etc. 2947 S. Glebe Road Arlington CITY STATE	06
safety deposit b Name of Bank, Mailing Address	oxes or mair Depository, e	ntains funds. etc. 2947 S. Glebe Road Arlington CITY STATE	06
safety deposit b Name of Bank, Mailing Address	Depository, e	ntains funds. etc. 2947 S. Glebe Road Arlington CITY STATE	D6
safety deposit b Name of Bank, Mailing Address	Depository, e	artains funds. etc. 2947 S. Glebe Road Arlington CITY STATE etc.	06 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	artains funds. etc. 2947 S. Glebe Road Arlington CITY STATE etc.	06 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	artains funds. etc. 2947 S. Glebe Road Arlington CITY STATE etc.	06 ZIP CODE