## 2018 - 07 - 16 - 03 - 00219632

FEC FORM 1

## STATEMENT OF ORGANIZATION

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Office Use Only

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
WARREN COUNTY VA DEMC	CRATIC COMMITTEE	<u> </u>		
<u> </u>	11111111			
ADDRESS (number and street)	POST OFFICE BOX 615	<del></del>		<del></del>
(Check if address is changed)		<u> </u>	<u> </u>	
is drainged,	FRONT ROYAL CITY		VA	CODE A
COMMITTEE'S E-MAIL ADDRES	SS .			
(Check if address is changed)	info@warrencodems.org	<u> </u>	<u> </u>	
	Optional Second E-Mail Addr	ess		
		<u> </u>		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
(Check if address is changed)	https://www.warrencoderr	ns <sub>r</sub> org/		
io Grangos,				
2. DATE 07 111	2018			·
3. FEC IDENTIFICATION NU	MBER ► [C]			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined thi	is Statement and to the best of	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasurer	BARRY GAFFNEY	. /		·
Signature of Treasurer	Barry Hey	may	Date 07 / 1	2018
NOTE: Submission of false, errone	ous, or incomplete information m ANY CHANGE IN INFORMATION			f 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530		

Pa	ge	2

FEC Form	1	(Revised	02/2009)
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5.			OMMITTEE  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 candid information below.)				
	Name Candi				
	Candi Party	idate Affiliatio	Office State Sought: House Senate President District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Com	ımittee:		
	(d)		This committee is a SUB (National, State or subordinate) committee of the DEM Republican, etc.) Party.		
	Polit	ical A	ction 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	Fund	raising 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		
	•	2.	FEC ID number		
		3.	FEC ID number		
		4.	FEC ID number C		

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Write or Type Committee	a Name	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
DEMOCRATIC PA	ARTY OF VIRGINIA	1111
Mailing Address	919 East Main Street	
	Suite 2050	
	RICHMOND	_
	CITY STATE ZIP	CODE
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponso
<ol> <li>Custodian of Record books and records.</li> </ol>	ls: Identify by name, address (phone number optional) and position of the person in posses	sion of committee
Full Name BAI	RRY,GAFFNEY	
Mailing Address	POST OFFICE BOX 615	
	FRONT ROYAL VA 22630	
Title or Position	CITY STATE ZIP	CODE
TREASURER	Telephone number [301   - [704]	_ [9682
	ame and address (phone number optional) of the treasurer of the committee; and the name (e.g., assistant treasurer).	and address of
Full Name of Treasurer BAF	RŖY <sub>,</sub> GĄFĘNĘY	
Mailing Address	POST OFFICE BOX 615	<u> </u>
		<u> </u>
	FRONT ROYAL VA 22630	
Title or Position	CITY STATE ZIP  Telephone number 301 - 704	CODE
4		

Full Name of Designated Agent STE	YE FOREMAN, , , , , , , , , , , , , , , , , , ,	_ <del></del>	
Mailing Address	POST OFFICE BOX 615		
	FRONT ROYAL CITY	VA   STATE	22630   -   -   ZIP CODE
Title or Position	Telep	hone number [703]	_ 404 , 935
Banks or Other Deposafety deposit boxes or Name of Bank, Deposit		e committee deposits fur	nds, holds accounts, re
			,
Brar	nch Banking and Trust Company	<del></del>	, <del>  _   _   _   _   _   _  </del>
Brar  Mailing Address	nch Banking and Trust Company		
<u> </u>			
<u> </u>			22630
<u> </u>	[487 ŞOŲТҢ ŞT	VA STATE	22630
<u> </u>	[487 SOUTH ST		
Mailing Address	[487 SOUTH ST		
Mailing Address	[487 SOUTH ST		
Mailing Address  Name of Bank, Deposi	[487 SOUTH ST		

CITY

STATE

ZIP CODE

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Wenner Courty Democratic Party P.O. Box 615 Foot Royal, VA, 22630

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1050 First St, N.E.

Wathington, DC

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Federal Election Commi ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail  Postmarked  7 1 1 1 8	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER (3/2015)	7/6/18 DATE PREPARED
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