Only

(Revised 06/2012)

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMIT 720 Megan Lane ADDRESS (number and street) (Check if address is changed) Shipman 22971 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Marian_Dixon@msn.com (Check if address is changed) Optional Second E-Mail Address Marian_Dixon@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2014 C00454751 FEC IDENTIFICATION NUMBER > 3. X 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. Dixon, Marian, , Mrs., Type or Print Name of Treasurer Dixon, Marian, , Mrs., [Electronically Filed] 05 08 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

| FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-----------------------------|--|-------------------------------------|
| TYPE OF C | COMMITTEE 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. (Complinformation below.) | ete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | 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 Con | |)omoorotio |
| (d) x | | Democratic, epublican, etc.) Party. |
| Political A | action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ected 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 seg committee. (i.e., nonconnected committee) | regated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate. | 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. | or more political |
| Com | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number C | |
| 4 | | |

Title or Position Treasurer

| _ | | | | | | _ |
|------------------------------------|-------------------------|---|-----------------------|-----------------------|-------------------------|-------------|
| FEC F or | r m 1 (Revised (| 12/2000) | | | Page | . 2 |
| Write or Type C | | | | | гауе | - |
| • | | HE FIFTH DIS | TRICT RE | | | EE |
| | | rganization, Affiliated Com | | | | |
| | | | mittee, Joint Fundi | aising Representativ | e, or Leadership PAC 3 | porisor |
| REPUBLIC | AN PARTY | OF VIRGINIA INC | | | | |
| | | | | | | |
| Mailing Addre | ess | 115 EAST GRACE STREET | | | | |
| | | RICHMOND | | VA | 23219 | |
| | | CITY | <i>(</i> | STATE | ZIP CODI | E |
| Relationship: | Connected | Organization X Affiliated C | ommittee Joint | Fundraising Represen | tative Leadership P. | AC Sponsor |
| 7. Custodian o books and re | cords. | tify by name, address (phone | e number optional |) and position of the | person in possession of | f committee |
| Full Name | Dixon, Ma | ian, , Mrs., | | | | |
| Mailing Addre | ess | 720 Megan Lane | | | | |
| | | | | | | |
| | | Shipman | | VA VA | 22971 | |
| Title or Positi | on | CITY | , | STATE | ZIP CODE | Ē |
| Treasurer | | | Telo | ephone number | 434 | 6694 |
| | | l address (phone number o ssistant treasurer). | optional) of the trea | surer of the committe | e; and the name and ac | ddress of |
| Full Name of Treasurer | Dixon, Mai | ian, , Mrs., | | | | |
| Mailing Addre | SS | P. O. Box 75 | | | | |
| | | | | | | |
| | | Lovingston | | VA | 22949 | |
| | | CITY | | STATE | ZIP CODE | |

434

Telephone number

263

6694

| TECTOIII 1 (R | evised 02/2009) | | Page 4 |
|---|---|---|----------|
| | | | |
| Full Name of Designated | | | |
| Agent | | | |
| Mailing Address | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| itle or Position | | | |
| | Telepho | one number | |
| • • | tory, etc. | Table 1 and | |
| safety deposit boxes or Name of Bank, Deposit BBe | when the maintains funds. tory, etc. A T A 14860 Greensboro Rd. | | |
| Name of Bank, Deposit | r maintains funds. tory, etc. | VA 2414 | |
| Name of Bank, Deposit | when the maintains funds. tory, etc. A T A 14860 Greensboro Rd. | | |
| Name of Bank, Deposit | r maintains funds. tory, etc. &T 4860 Greensboro Rd. Ridgeway CITY | VA 2414 | 8 |
| Name of Bank, Deposit | r maintains funds. tory, etc. &T 4860 Greensboro Rd. Ridgeway CITY | VA 2414 | 8 |
| Name of Bank, Deposit | Ridgeway CITY Tory, etc. | VA 2414 STATE | 8 |
| Name of Bank, Deposit | Ridgeway CITY Tory, etc. | VA 2414 STATE | 8 |
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| Name of Bank, Deposit | Ridgeway CITY Tory, etc. | VA 2414 STATE | 8 |