Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republicans for Johnson-Weld PO Box 1157 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@republicansforjohnsonweld.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) republicansforjohnsonweld.com (Check if address is changed) DATE 2016 C00624429 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. Keith Velia Type or Print Name of Treasurer Keith Velia [Electronically Filed] 80 2016 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	e 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	/Damaau-+!-
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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)	egregated 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		<u> </u>
Republicans fo	or Johnson-Weld	
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representat	tive Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pe	erson in possession of committee
Keith Vel	iia 	
Mailing Address	PO Box 1157	
	Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
. <b>Treasurer:</b> List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Keith Veli	ia 	
Mailing Address	PO Box 1157	
	Alexandria	22313
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC <b>For</b> i	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		I
Agent		
Mailing Address		
	CITY STATE 2	ZIP CODE
Title or Position		
	Telephone number	
	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.  Depository, etc.	
safety deposit b	oxes or maintains funds.  Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave  McLean  VA 22101	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave  McLean  CITY  STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave  McLean  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank, N.A.  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	

## : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: