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FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

(Revised 06/2012)

		·	2014 JAN - 8 AM 11: 47 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5FEC MAIL CENTER
BLACK FOR	CONGRESS.		
ADDRESS (number and street)	141894 500	TCHBRIDGE:	PLACE
(Check if address is changed)			
	ASHBURN CITY		VA 20148 - ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	:SS		
(Check if address is changed)	BlackforC	ongressous:	a.net
,	Optional Second E-Mail Add	•	
		<u>i </u>	
is changed)		<u>: </u>	
2. DATE 0 1 0	3 2014		
3. FEC IDENTIFICATION N	UMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	BARBARE	J. BLACK	
Signature of Treasurer	Barbara J.	Black_	Date 01 03 2014
NOTE: Submission of false, error		may subject the person signing the DN SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office		For further information co	

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

5.

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TYPE OF CO						
\	Committee:					
(a) X	This committee is a pr	incipal campa	ign committee. (Complete the candidate	information below	<i>i.</i>)
(b)	This committee is an a information below.)	uthorized cor	nmittee, and is I	NOT a principal campaig	n committee. (Co	mplete the candidate
Name of Candidate	RICHAR	0. H"	DICK"	BLACK	<u> </u>	
Candidale Party Affiliatio	n REP	Office Sought:	X House	e Senate	President	State VA District 10
(c)	This committee suppor	ts/opposes or	nly one candidat	e, and is NOT an author	rized committee.	
Name of Candidate						
Party Com	mittee:					
(d)	This committee is a		(National, S or subordin	state ate) committee of the		(Democratic, Republican, etc.) Party.
Political Ad	ction Committee (P	AC):				
(e)	This committee is a se	parate segre	gated fund. (Iden	itify connected organization	on on line 6.) Its co	onnected organization is a:
	Corporation		C	Corporation w/o Capital S	Stock	Labor Organization
	Membership C	rganization	Т	rade Association		Cooperative
	in addit	len, this comn	nittee is a Lobbyi	st/Registrant PAC.		
(f)	This committee support			ederal candidate, and is	NOT a separate	segregated fund or party
	In addition, this	committee is	a Lobbyist/Regis	trant PAC.		
	In addition, this	committee is	a Leaderehip PA	C. (Identify sponsor on lin	ne 6.)	
Joint Fund	raising Representa	tive:				
(g)	This committee collects committees/organization	contributions, rs, at least on	pays fundraising e ef which is an	g expenses and disburses authorized committee of a	s net proceeds for a federal eandidate	two or more political
(h)				expenses and disburses zed committee of a federa		two or more political
Comr	mittees Participating i	n Jaint Fund	draiser			
1.				FEC ID	number C	
2.	<u> </u>			FEC ID	number C	
3.				FEC ID	number C	
4.			1111	FEC ID	number C	·

٧	Vrite or Type Committee Name)
	BLACK	FOR CONGRESS
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
L	1.1 1 1 1 1 1 1 1	<u> </u>
L		<u> </u>
	Mailing Address	
		CITY STATE ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee
	Full Name RICI	HARD HAYDEN BLACK
	Mailing Address	14.1.8.9.4 S.C.O.T.C.H.B.R.I.D.G.E. P.L.A.C.E.
		IASHBURN WA 120148-L
	Title or Position	CITY STATE ZIP CODE
	CANDIDATE	Telephone number 170:31-140:61-12:9:5:11
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	BARA JEAN BLACK
	Mailing Address	141894 SCOTCHBRIDGE PLACE
	·	CITY STATE ZIP CODE
	Title or Position TREASURER	Telephone number 7.0.3 - 4.0.6 - 2.9.5.1

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FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent		<u> </u>	
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position	1 ! Telephone nu	mber	
	sitories: List all banks or other depositories in which the commi	ttee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc.		
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Conserrance Mr. Richard H. Black 41894 Scotchbridge Pl Ashburn, VA 20148

(8/2013)

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