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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. 5th Congressional District of Virginia Republican Committee 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) http://www.5thdistrictva.gop/ (Check if address is changed) DATE 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] 10 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 Only Local 202-694-1100

(Revised 06/2012)

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		omm 1 (Revised 02/2009) OMMITTEE	Page 2
		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 lidate		
	lidate ⁄ Affiliati	Office Sought: House Senate President	State VA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	(Dama anatia
(d)	×	This committee is a SUB (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Poli	tical 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 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 Fund	raising 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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	FEC Form 1 (Revised (Page 3
	Vrite or Type Committee Name		on Committee
_		nal District of Virginia Republic	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leadership PAC Sponsor
R	EPUBLICAN PARTY	OF VIRGINIA INC	
	Mailing Address	115 EAST GRACE STREET	
	Maining / Nauress		
		RICHMOND	VA 23219
		CITY	STATE ZIP CODE
			_
	Relationship: Connected	Organization X Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
7.	books and records.	tify by name, address (phone number optional) and positi	ion of the person in possession of committee
	Full Name	,720 Megan Lane	
	Mailing Address		
		Shipman	VA 22971
	Title or Position	CITY	STATE ZIP CODE
	Treasurer		nber 434 - 263 - 6694
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name and address of
	Full Name Dixon, Mar of Treasurer	ian, , Mrs.,	
	Mailing Address	P. O. Box 75	
		Lovingston	VA 22949 - -
	Title or Position	CITY	STATE ZIP CODE
	Treasurer	Telephone num	134 - 263 - 6694 - 6694 - 6694

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Full Name of Designated Agent	1 , , ,		1 1 1 1 1 1 1
Mailing Address		1	
3			
		CITY STATE	ZIP CODE
Title or Position		5	2 0022
		Telephone number	
safety deposit b	oxes or main		ls accounts, rents
Banks or Other safety deposit b Name of Bank,	oxes or main	ntains funds.	ls accounts, rents
safety deposit b	Depository, e	ntains funds.	ls accounts, rents
safety deposit b Name of Bank,	Depository, e	ntains funds.	ls accounts, rents
safety deposit b Name of Bank,	Depository, e	P. O. Box 130	ls accounts, rents
safety deposit b Name of Bank,	Depository, e	P. O. Box 130	zip code
safety deposit b Name of Bank,	Depository, e	P. O. Box 130 93 Front Street Lovingston CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, e	P. O. Box 130 93 Front Street Lovingston CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	P. O. Box 130 93 Front Street Lovingston CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, e	P. O. Box 130 93 Front Street Lovingston CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	P. O. Box 130 93 Front Street Lovingston CITY STATE	ZIP CODE