

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL
ELECTION COMMISSION
OFFICE USE ONLY

2007 JAN 22 A 8:59
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SIXTH CONGRESSIONAL DISTRICT DEMOCRATIC
COMMITTEE OF VIRGINIA

ADDRESS (number and street) P.O. Box 1594
 (Check if address is changed)
LEXINGTON VA 24450
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01/14/2007

3. FEC IDENTIFICATION NUMBER C00003897

4. 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.

Type or Print Name of Treasurer Dorothy S. Blackwell

Signature of Treasurer Dorothy S. Blackwell Date 01/14/2007

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.

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5. TYPE OF COMMITTEE (Check One)

- (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 candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a Sub (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

DEMOCRATIC PARTY OF VIRGINIA

Mailing Address 1108 E MAIN STREET

RICHMOND VA 23218

CITY STATE ZIP CODE

Relationship subcommittee

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

Sixth Congressional District Democratic Comm. of VA

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DOROTHY S. BLACKWELL

Mailing Address PO Box 1594

LEXINGTON VA 24450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-817-4212

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DOROTHY S. BLACKWELL

Mailing Address PO Box 1594

LEXINGTON VA 24450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-817-4212

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27039543001

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

B B & T

Mailing Address

Three horizontal lines for mailing address input.

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

One horizontal line for bank name input.

Mailing Address

Three horizontal lines for mailing address input.

CITY ▲

STATE ▲


ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 1/22/07

PREPARER **DATE PREPARED**