

FEC FORM 1

STATEMENT OF ORGANIZATION

2005 FEB 22 A 11:16
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12780395

SIXTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

ADDRESS (number and street) 5012 TAYLOR STREET
(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 01/04/2005

3. FEC IDENTIFICATION NUMBER 00003997

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 01/05/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §107g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 _____

Complete Party Affiliation: DEM Office Sought: House Senate President State: _____
 District: _____

- (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: 1110 E MAIN ST
RICHLAND VA 23219
 CITY STATE ZIP CODE

Relationship: AFFILIATE COMMITTEE

Type of Connected Organization:

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

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 exhibited books and records.

Full Name DOROTHY S. BLACKWELL

Mailing Address 502 TAYLOR STREET

LEXINGTON VA 24450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-317-4212

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 502 TAYLOR STREET

LEXINGTON VA 24450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-317-4212

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

BB&T

Mailing Address

537 E. MELSON ST

ALEXINGTON VA 24450

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm W</i> PREPARER (5/20/04)	<i>2/20/05</i> DATE PREPARED