

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2008 OCT -6 P 2:02

1. (a) NAME OF COMMITTEE IN FULL Stafford County Republican Committee		2. FEC IDENTIFICATION NUMBER
(b) Number and Street Address PO Box 2461		
(c) City, State and ZIP Code Stafford VA 22555		
		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on 09/26/2008 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: REPUBLICAN PARTY OF VIRGINIA INC

FEC Identification Number: C00001305

5. STATUS BY QUALIFICATION:

(a) **candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):


	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: _____

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____

(d) **Qualification:** The committee met the above requirements on: _____

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 Heather Steff	SIGNATURE OF TREASURER Electronically Filed by Heather Steff 	DATE 09/26/2008
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Text

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1 M

Revised 1/2001

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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"/> USPS Express Mail	Postmarked
<input 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"/>	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

10/6/08
 DATE PREPARED

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