FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Elliot Pope for Congress PO Box 4412 ADDRESS (number and street) (Check if address is changed) Lynchburg 24502 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS team@votepope.com (Check if address is changed) Optional Second E-Mail Address pope.elliot@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.votepope.com (Check if address is changed) DATE 2018 C00667451 FEC IDENTIFICATION NUMBER > 3. 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. Pope, Elliot, , , Type or Print Name of Treasurer Pope, Elliot,,, [Electronically Filed] 01 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC Ec	rm 1 (Revised 02/2000)	Page 2
TYF		rm 1 (Revised 02/2009) OMMITTEE	Page 2
		e 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. (Con information below.)	nplete the candidate
	ne of ididate	Pope, Elliot, , ,	
	ididate sy Affiliati	on REP Office Sought: X House Senate President	State VA District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Pai	rty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation 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 s committee. (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.)	
Joir	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	ш	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.		
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
Elliot Pope for (Congress	
-	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
		eadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
Pope, Elli Full Name	iot, , ,	
Mailing Address	PO Box 4412	
Ç		
	Lynchburg VA 24502	
Title or Position	CITY STATE	ZIP CODE
Treasurer		515 1096
. Treasurer: List the name ar any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Pope, Ellicon of Treasurer	ot, , ,	
Mailing Address	PO Box 4412	
	Lynchburg VA 24502	
Title or Position Treasurer	CITY STATE	ZIP CODE 515 - 1096

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent Co	ooter, Jordan, , ,	
Mailing Address	206 Simsbury Lane	
	Forest VA 24551 CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone number 434 – 2	209 - 4085
safety deposit boxes Name of Bank, Depo	ository, etc.	s accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds.	s accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. Pository, etc. Vells Fargo	s accounts, rents
safety deposit boxes Name of Bank, Depo	Vells Fargo 3408 Candlers Mountain Rd.	s accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. Pository, etc. Vells Fargo	s accounts, rents
safety deposit boxes Name of Bank, Depo	Vells Fargo 3408 Candlers Mountain Rd. Lynchburg VA 24502	zip code
safety deposit boxes Name of Bank, Depo	Vells Fargo 3408 Candlers Mountain Rd. Lynchburg CITY STATE	
safety deposit boxes Name of Bank, Depo	Vells Fargo 3408 Candlers Mountain Rd. Lynchburg CITY STATE	
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Safety deposit boxes Name of Bank, Depo	Vells Fargo 3408 Candlers Mountain Rd. Lynchburg CITY STATE	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3.		FEC ID number	С
4.		FEC ID number	С
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esignated Agent: Identify Suitt, Jaso Full Name	by name, address (phone number – options n, , , , , , , , , , , , , , , , , ,	al)	24550
Suitt, Jaso Full Name Mailing Address TITLE OR POSITION Committee Member	by name, address (phone number – options n, , , , , , , , , , , , , , , , , ,	al) VA STATE Telephone Number	24550 ZIP CODE A
Suitt, Jaso Full Name Mailing Address TITLE OR POSITION Committee Member Inks or Other Depositori fety deposit boxes or main	by name, address (phone number – options n, , , , , , , , , , , , , , , , , ,	al) VA STATE Telephone Number	24550 ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership P. esignated Agent: Identify by name, address (phone number – optional) Swyers, Brenton, ., Full Name	4.		FEC ID numbe	er C
Relationship: CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership P. esignated Agent: Identify by name, address (phone number – optional) Swyers, Brenton, , , Full Name Mailing Address 120 Fieldstone Ct. Lynchburg Lynchburg CITY A STATE A ZIP CODE . Committee Member Telephone Number 407 – 301 – . anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afterly deposit boxes or maintains funds. ame of Bank, epository, etc.	ame of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spon
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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TITLE OR POSITION	V	CITY A		STATE A		ZIP CODE ▲
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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