FEC ORGANIZATION		RECEIVER		
		2014 APR 25 AM 11: 33		
FORM 1	UNGANIZATION	OFFICE USE MAIL CENTER		
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	pression of the second se		
LGBT Dem	ocrats of Virginia			
ADDRESS (number an	Id street)			
(Check if ad is changed)	Richmond	VA 23260		
	CITY	STATE ZIP CODE		
COMMITTEE'S E-MAI				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if a is changed				
2. DATE 04	13°, ′ 2014			
3. FEC IDENTIFIC				
4. IS THIS STATEM				
I certify that I have e	xamined this Statement and to the best of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of	of Treasurer Cynthia M. Bray			
Signature of Treasure	Gynthia U. Bray	Date 04* 20° 2014		
NOTE: Submission of f	alse, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI			
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			

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5.	TYPE OF COMMITTEE Candidate 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. (Complete the candidate information below.)		
	Name Candi				
	Candi Party	idate Affiliatio	Office C State		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Com	Imittee:		
	(d)		This committee is a or subordinate) committee of the Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)		
		_	In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
		Fund	raising Representative:		
	(9)	$\square$	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
		Com	mittees Participating in Joint Fundraiser		
		1.			
		2.			
		3.			
		4.			
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Write or Type Committee Name

## LGBT Democrats of Virginia

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address				
		CITY	STATE	ZIP CODE
Relationship: Connected	d Organization	iated Committee	Fundraising Representa	tive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address	(phone number optiona	and position of the pe	erson in possession of committee
Full Name	ia M Bray			
Mailing Address	13701 Winte	rberry Terrace	<u>i       i i i i</u>	
		1 1 1 1 1 1 1	1 1 1 1 1 1 1	
	Midlothian			23112
Title or Position		CITY	STATE	ZIP CODE
Treasurer	<u></u>	] Te	lephone number 80	4, ]-[901, ]-[1453 ,

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	thia M Bray		<u></u>	<u>, , , , , , , , , , , , , , </u>
Mailing Address	13701 Winterberry Terrac	æ	<u>III</u> II	
		1 1 1 1 1		
	Midlothian	<u> </u>	VA	
Title or Position	CITY		STATE	ZIP CODE
Treasurer		Telephone nu	mber 80	04,  - 901,  - 1453 ,   

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FEC For	1 (Revised 02/2009)			Page 4
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Full Name of Designated	1			
Agent	<u>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ </u>		1!III	
Mailing Address				
			<u>i I I i i</u>	
	CIT	К .	STATE	ZIP CODE
Title or Position		Telephone nu	mber [i_	
Mailing Address	Wells Fargo Bank, NA			
				<u></u>
	Portland	<u></u>	OR	97228
·	СП	Y .	STATE	ZIP CODE
Name of Bank,	Penository etc		<u> </u>	
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Mailing Address	ł			
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Date of Re	eceipt or Postmarked			
PREPARER	4/25/14 DATE PREPARED			
(8/2013)				
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