**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN PARTY OF VIRGINIA INC 115 EAST GRACE STREET ADDRESS (number and street) (Check if address is changed) **RICHMOND** 23219-1741 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address floehr@virginia.gop is changed) Optional Second E-Mail Address john@forestcs.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.virginia.gop (Check if address is changed) DATE 2024 C00001305 FEC IDENTIFICATION NUMBER > 3. X 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 Selph, John, G, Mr., Date 80 80 2024 Signature of Treasurer Selph, John, G, Mr., NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	tion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comm information below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized cor	mmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lir	ne 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 s committee. (i.e., nonconnected committee)	separate segregated 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	5.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution as	ccounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal committee.	
This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, none of which is an authorized committee of a federal care	· ·
Committees Participating in Joint Fundraiser	
1.	C
	C

	FEC Form 1 (Revised 0	)2/2009)			Page <b>3</b>
V	Vrite or Type Committee Name	·			
	• .	ARTY OF VIRGINIA INC			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	undraising Representa	tive, or Leader	ship PAC Sponsor
	PROTECT THE HOL	JSE 2024			
	Mailing Address	PO BOX 30844			
		BETHESDA	MD	20824	
		CITY ▲	STATE	 <b>:</b> ▲	ZIP CODE ▲
	Deletionabie: Composted				
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Repre	sentative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optior	nal) and position of the po	erson in posses	sion of committee
		ncis A., , Mr., III			
	Full Name	0005 F. Parties Dr.			
	Mailing Address	9305 Edington Dr			
		1		1 1 1 1 1	
		Richmond	, VA	23237	1_1
		OITV A	07175		7ID 00D5 A
	Title or Position ▼	CITY ▲	STATE	- ▲	ZIP CODE ▲
	Controller		Telephone number	804  -	780  -  0111
			releptione number		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the comm	ittee; and the n	ame and address of
	Full Name Selph, Joh	n, G, Mr.,			
	of Treasurer				
	Mailing Address	P. O. Box 71596			
			<u> </u>		
		Richmond	VA	23255	
		CITY A	STATE	<b>▲</b>	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	804	270

FEC <b>Form 1</b> (Re	evised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in whor maintains funds.	ich the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depo	sitory, etc.		
W	ells Fargo Bank		
Mailing Address	1021 E. Cary St.		
	Richmond	VA VA	23219
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
Ch	nain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA V	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
GROW THE MAJOR	RITY		
Mailing Address	228 S WASHINGTON ST STE 115		
Walling Address			
	ALEXANDRIA		22314
D 1 11 11		VA	
	CITV A	STATE ▲	ZIP CODE ▲
	CITY ▲  ed Organization	oint Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Jo	oint Fundraising Representation	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo		
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo	STATE A	
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit trafety deposit boxes or make the state of Bank, BB&T	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A

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

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	FEC ID number	С
<u> </u>	FEC ID number	C
	FEC ID number	С
	FEC ID number	С
Organization, Affiliated Committee, Joint Fr	undraising Representative	e, or Leadership PAC Spons
228 S WASHINGTON ST		
STE 115		
ALEXANDRIA	VA	22314
CITY A	STATE ▲	ZIP CODE ▲
1		
CITY ▲	STATE A	ZIP CODE A
CITY A	STATE A  Telephone Number	ZIP CODE A
	228 S WASHINGTON ST  STE 115  ALEXANDRIA  CITY   Organization  Affiliated Committee	Organization, Affiliated Committee, Joint Fundraising Representative  228 S WASHINGTON ST  STE 115  ALEXANDRIA  CITY  STATE

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

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r(h).	John Fundraising	Participant:			
1.			FF	EC ID number	C
2. L			FF	EC ID number	C
3			Ff	EC ID number	C
4.			F	EC ID number	C
Name o	f Any Connected (	Organization, Affiliated Committed	, Joint Fundraisin	g Representative	e, or Leadership PAC Sponso
TRU	MP 47 COMMITT	EE			
M	ailing Address	P.O. BOX 509			
		1			
		ARLINGTON		VA	22216
Re	elationship:	CITY A		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Commit	as Y laint Fund	raising Representa	ative Leadership PAC Spor
Full	Name				
IVIAII	ing Address				
TIT	LE OR POSITION	CITY A		STATE A	ZIP CODE A
ТІТ	LE OR POSITION	CITY A	Telepho	STATE A	ZIP CODE A
ТІТ	LE OR POSITION	CITY A	Telepho		ZIP CODE A
Banks o	or Other Depositor	es: List all banks or other deposit		ne Number	
Banks o		es: List all banks or other deposit		ne Number	
Banks o	or Other Depositor eposit boxes or mai	es: List all banks or other deposit		ne Number	
Banks of safety d	or Other Depositor eposit boxes or main from Bank, Capital bory, etc.	es: List all banks or other depositintains funds.		ne Number	
Banks of safety d	or Other Depositor eposit boxes or mai	es: List all banks or other depositintains funds.  One Bank		ne Number	
Banks of safety d	or Other Depositor eposit boxes or main from Bank, Capital bory, etc.	es: List all banks or other depositintains funds.  One Bank		ne Number	s funds, holds accounts, rents
Banks of safety d	or Other Depositor eposit boxes or main from Bank, Capital bory, etc.	es: List all banks or other deposition tains funds.  One Bank  4825 Cordell Ave		ne Number	

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

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h). <b>Joint Fundraisi</b>	ng Farticipant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
CAO VICTORY FUN	1D 2024 		
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification of Bank, Eagle	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, Eagle	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  Bank	STATE A	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  Bank	STATE A	ZIP CODE A