Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dickerson District 9 300 Robey Street ADDRESS (number and street) (Check if address is changed) Radford 24141 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dickerson.district9@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.camerondickerson.com (Check if address is changed) DATE 29 2022 C00729020 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Long, Trevor, , Mr., Type or Print Name of Treasurer Long, Trevor, , Mr., [Electronically Filed] 01 29 2022 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

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can		e Committee:	
(a)	x	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. (Corinformation below.)	nplete the candidate
Name Cand		Dickerson, Cameron, Drew, Mr.,	
Cand Party	lidate Affiliati	on LIB Office Sought: House Senate President	State VA District 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action 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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

FFC Form 1 (Deviced 02/2000)			Dama 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name			Page 3
Dickerson District 9			
6. Name of Any Connected Organization,	Affiliated Committee, Joint Fundraisin	ng Representative, or	Leadership PAC Sponsor
Intelligence Advanced Analytics			
Mailing Address 1720 Vernor	ı St.		
Christiansbu	urg CITY	VA VA STATE	24073 ZIP CODE
Relationship: x Connected Organization	Affiliated Committee Joint Fund	draising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, books and records. 	address (phone number optional) and	d position of the perso	on in possession of committee
Long, Trevor, , Mr.,			
Full Name300J Robey	St.		
Mailing Address			
			24444
Radford		L VA	24141
Title or Position	CITY	STATE	ZIP CODE
Chief of Staff	Telephor	ne number 540	
3. Treasurer: List the name and address (ph any designated agent (e.g., assistant treas	one number optional) of the treasurer urer).	of the committee; an	d the name and address of
Full Name Long, Trevor, , Mr., of Treasurer			
Mailing Address 300J Robey	St		
Radford		VA	24141
Title or Position	CITY	STATE	ZIP CODE
	Telephor	ne number 540	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE Z	
Title or Position		
	Telephone number =	
safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, holds or maintains funds. pository, etc. Carter Bank & Trust	accounts, rents
safety deposit boxes Name of Bank, Dep	ository, etc.	accounts, rents
safety deposit boxes Name of Bank, Dep	oository, etc. Carter Bank & Trust	accounts, rents
safety deposit boxes Name of Bank, Dep	oository, etc. Carter Bank & Trust	accounts, rents
safety deposit boxes Name of Bank, Dep	Carter Bank & Trust 200 College Street Christiansburg VA 24073	
safety deposit boxes Name of Bank, Dep	Carter Bank & Trust 200 College Street Christiansburg VA 24073	accounts, rents
safety deposit boxes Name of Bank, Dep C Mailing Address	Carter Bank & Trust 200 College Street Christiansburg CITY STATE Z	
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Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Carter Bank & Trust 200 College Street Christiansburg CITY STATE Z	
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