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	I				1		109 OCT 23		
J FEC FORM 1			EMENT ANIZAT				Office Use	Only	1
1. NAME OF COMMITTEE (ir	n full)	(Check if is change		Example: If typing, over the lines.	type	12FE41	45		
Richard	thony ₁	for Congre	85 III		<u>L_L_L</u>			<u></u>	لسبي
			╺┛╌┨╴┟╴┠╶┠						
ADDRESS (number a	ind street)	12509 Al	exander	Cornell _I D	rive	.111			
(Check if a					L <u>L</u> L				
is changed)		Fairfax:			للل	VA	22033	<u></u>]-[2	438,
			CITY			STATE	Z	P CODE	
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide	only one e-mail	address)					
(Check if	address	nganthon	yeverizo	<u>n.net</u> li					
is change	ed)	Luu		<u></u>	<u>↓ </u>			<u></u>	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)							
(Check if is changed		www.anth		ngress.c	om i i				
2. DATE 1	o 20		Y						
3. FEC IDENTIFIC	CATION NU	MBER	C						
4. IS THIS STATE		NEW (N)	OR	AMENDE	ED (A)		<u> </u>		
I certify that I have e	examined th	is Statement and t	o the best of n	ny knowledge and	t belief it i	s true, corr	ect and compl	əte.	
Type or Print Name	h	Richard	Anthony				 ດີ້ ⁷ ວິດີ	' Ž()Ö9 ^{°°}
Signature of Treasure	er <u>"//</u>					Date		·	
NOTE: Submission of	false, errone	ous, or incomplete i	nformation may	subject the person	signing thi	s Statement	to the penaltie	s of 2 U.S	S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

_	Office		For further information contact: Federal Election Commission	FEC FORM 1
L	Use Only	 	Toli Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

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FEC Form 1 (Revised 02/2009)

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5.	TYPE OF COMMITTEE Candidate Committee:					
	(a) X	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. (Complete the candidate information below.)				
	Name of Candidate		l			
	Candidate Party Affiliatio	n DEM Office Senate President State VA Sought: X House Senate President District 10				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate		J			
	Party Com					
	(d)	(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.				
	Political Ac	tion 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.)					
•	Joint Fundraising Representative:					
((g) 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.					
	Committees Participating in Joint Fundraiser					
	1.	FEC 1D number C				
	2.	FEC ID number C				
	3.					
	4.					
_	7. (

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Write or Type Committee Name

6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor				
L					
L					
	Mailing Address				
		CITY STATE ZIP CODE			
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor			
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee			
	Full Name Richa	rd Anthony			
	Mailing Address	12509 Alexander Cornell Drive			
		Fairfax 22033 - 2438			
	Title or Position	CITY STATE ZIP CODE			
	Candidate	Telephone number 703 - 474 - 6520			
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 Richard Anthony				
	Mailing Address 1,2509, Alexander, Cornell, Drive				
		<u> </u>			
		Fairfax VA 22033 -[2438] CITY STATE ZIP CODE			
1	Title or Position	Telephone number 703 - 474 - 6520			

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Page	4	

Full Name of Designated Agent	Michele Anthony
Mailing Address	12509 Alexander, Cornell Dr
	Fairfax, [VA] [22033 - 2438
	CITY STATE ZIP CODE
Title or Position	Treasurer [[622] - [6890]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T		_ k	
Mailing Address	12220 Fairfax Towne Center		
	Fairfax	VA 2	2033 - 2877
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address		<u></u>	
	CITY	STATE	ZIP CODE

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.

V Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirm	mation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Roman Da	eceipt or Postmarked
Javes	10/03/09
PREPARER (3/2005)	DATE PREPARED