Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. David Foster for Congress 4106 Piney Swamp Rd ADDRESS (number and street) (Check if address is changed) Hayes 23072 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DAVIDFOSTER4CONGRESS@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) davidfoster4congress.com (Check if address is changed) DATE 01 2020 C00734665 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. Foster, David, Bruce, , Type or Print Name of Treasurer Foster, David, Bruce, , [Electronically Filed] 02 26 2020 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Com	plete the candidate
Nam	ne of	information below.) Foster, David, Bruce, ,	
Can	didate	Tostor, Bavia, Brace,	
	didate y Affiliati	on IND Office Sought: X House Senate President	State VA District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			(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 con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		

FFC Form 1 (Deviced 02/2000)		Doma 3
FEC Form 1 (Revised 02/2009) Write or Type Committee Name		Page 3
David Foster for Con	ares	
	on, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
	,g	тастотир то то орошос.
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected Organizat	tion Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by nar books and records. 	me, address (phone number optional) and position of the person in	n possession of committee
Foster, David, Bruce,	,	
4106 Pin	ey Swamp Rd	
Mailing Address		
L_⊥ ⊥Hayes	VA 1230	072
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 757	- <u> </u>
Treasurer: List the name and address any designated agent (e.g., assistant treasurer).	(phone number optional) of the treasurer of the committee; and the easurer).	ne name and address of
Full Name Foster, David, Bruce,	,	
of Treasurer 4106 Pin	ey Şwamp Rd	
Mailing Address		
Hayes	, , , , , , , , , , , , , , , , , , ,)72
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 757	6458

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Full Name of Designated Agent		
Mailing Address		1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, have or maintains funds. epository, etc.	
safety deposit box Name of Bank, De	tes or maintains funds.	
safety deposit boxo Name of Bank, De	Langley Federal Credit Union	
safety deposit boxo Name of Bank, De	Langley Federal Credit Union 3140 George Washington Memorial Hw Hayes VA 2307	72
safety deposit boxo Name of Bank, De	Langley Federal Credit Union 3140 George Washington Memorial Hw	
safety deposit boxo Name of Bank, De	Langley Federal Credit Union 3140 George Washington Memorial Hw Hayes CITY STATE	72
safety deposit boxon Name of Bank, Design Mailing Address	Langley Federal Credit Union 3140 George Washington Memorial Hw Hayes CITY STATE	72
Name of Bank, De Name of Bank, De Name of Bank, De Name of Bank, De	Langley Federal Credit Union 3140 George Washington Memorial Hw Hayes CITY STATE	72
safety deposit boxon Name of Bank, Design Mailing Address	Langley Federal Credit Union 3140 George Washington Memorial Hw Hayes CITY STATE	72
Name of Bank, De Name of Bank, De Name of Bank, De Name of Bank, De	Langley Federal Credit Union 3140 George Washington Memorial Hw Hayes CITY STATE	72