FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruc		Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Winsome Sear	s for Congress	<u> </u>	
ADDRESS (number and s	PO Box 362		
(Check if address is changed)	Richmond		VA 23218 _ 0362
	L ADDDEOG	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
none			
COMMITTEE'S FAX N 8044214183	UMBER		
2. DATE M M M 1 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00394767	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my k	nowledge and belief it is true, correct ar	nd complete
Type or Print Name of	Treasurer John G. Selph		
Signature of Treasurer	Electronically Filed by John G.	Selph	Date 12 / 05 / 2006
NOTE: Submission of fal	·	nay subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	

FEOForm 1 (Revised 02/2003)

5.	TYPE OF COMMITTEE (Check One)																
(a) This committee is a principal campaign committee. (Complete the candidate information below.)																	
	(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)															
Name of Winson Candidate			me I	E. S	ears	1 1		1 1 1									
	Candidate Party Affil		RI	ΕP				ffice ought:	X	House		Senat	e		President	State t District	VA 03
	(c)	Th	s comn	nittee	sup	ports	/oppo	ses onl	y one ca	andidate, a	nd is NOT	an autho	rized	comm	ittee.		
	Name of Candidate	Э	Ш						1 1								
	(d)	Th	s comn	nittee	e is a					(National, S (or subordi	State nate) comn	nittee of t	he			(Democratic, Republican,e	etc.) Party.
	(e)	Th	s comn	nittee	is a	sepa	arate s	egrega	ted fund	d							
	(f)		s comn nmittee		sup	ports	/oppo	ses mo	re than	one Federa	al candidate	e, and is	NOT	a sepa	arate segreg	ated fund or part	y
6.	Name of	Any Co	necte	d Or	ganiz	zatio	n or A	Affiliate	d Com	mittee							
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	Mailing Ad		<u> </u>		L				CI							ZIP CODE	
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	Relationsh Type of C	hip	on						Corpo	1 1 1	Capital Sto					ganization	

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Write or Type Committee Name											
Winsome Sears for Cong	ress										
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.										
Full Name John G.	Selph										
Mailing Address	PO Box 71596										
- -	Richmond		23255 _ 1596								
Title or Position ♥	CITY A	STATE▲	ZIP CODE A								
Treasurer		Telephone number									
of Treasurer Mailing Address John G.	PO Box 71596										
-	Richmond	VA	23255 _ 1596								
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A								
Treasurer		Telephone number 804									
Full Name of Designated Agent											
Mailing Address											
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A								

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9.	Banks or Other Depos safety deposit boxes or	•	lds accounts, rents
	Name of Bank, Deposito	ory, etc.	
	E	Bank of America	1 1 1 1 1 1 1 1 1
	Mailing Address	1111 E. Main St.	
		Richmond	23219 _ 3531

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

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