STATEMENT OF

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FORM 1		ORG/	ANIZA	TIOI	N				Offi	ce Use C)nlv		
1. NAME OF COMMITTEE (ir	n full)	(Check if is change		-	le:If typing e lines.	, type	121	E4M!		00000	illy		
TENTH CON	IGRES	SIONAL DI	STRICT	ΓDE	MOCR.	ATIC	CON	/MIT	TEI	E OF	VIF	RGIN	۱IA
ADDRESS (number a	nd street)	20684 Pilate Squa	are										
		Ashburn CITY					STA		2014		- IP CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS											
		jmulesliema@	gmail.com						1 1				
		Optional Second zach@10thc	E-Mail Addre dvadems.	ess .US									
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL) www.10thcdvaden	ns.us	1 1 1		1 1 1	1 1 1	1 1	1 1	1 1 1	1 1		, I
is changed	1)												
2. DATE 0			Y										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C coo	207944									
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDI	ED (A)							
I certify that I have e	examined th	s Statement and to	o the best of	f my kno	wledge and	d belief i	t is true	, correc	t and	complet	e.		
Type or Print Name	of Treasurer	Leslie, Matthew,	Allen, Mr.,										
Signature of Treasure	er <i>Leslie,</i>	Matthew, Allen, Mr.,		[E	lectronically	Filed]	Date	M 00	M /	23	/ Y	2020	Y Y
NOTE: Submission of		ous, or incomplete i		-						enalties	of 2 U	.S.C. §	437g.
Office Use				Fe	r further infederal Election	n Commiss			ı	FEC I			

Local 202-694-1100

FE(C Form 1 (Revised 02/2009)	Page 2
	DF COMMITTEE date 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. (Con information below.)	nplete the candidate
Name of Candida		
Candida Party A	* ··· * ·	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party	Committee: (National, State	(Democratic,
(d)	This committee is a SUB or subordinate) committee of the	Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 so 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
(Committees Participating in Joint Fundraiser	
	1.	
;	2.	
;	3. FEC ID number	
	4	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor DEMOCRATIC PARTY OF VIRGINIA Mailing Address 919 EAST MAIN STREET SUITE 2050 RICHMOND CITY STATE ZIP CODE Relationship: X Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address 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 Mailing Address 20684 Pilate Square	Г			
TENTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor DEMOCRATIC PARTY OF VIRGINIA 919 EAST MAIN STREET Moiling Address SUITE 2050 RICHMOND CITY STATE ZIP CODE Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Lesile, Matthew, Allen, Mr., of Treasurer Lesile, Matthew, Allen, Mr., of Treasurer Mailing Address Ashbum	FEC Form 1 (Re	vised 02/2009)		Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor DEMOCRATIC PARTY OF VIRGINIA Mailing Address 919 EAST MAIN STREET SUITE 2050 RICHMOND CITY STATE ZIP CODE Relationship: X Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address 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 Mailing Address 20684 Pilate Square	Write or Type Committee	Name		
DEMOCRATIC PARTY OF VIRGINIA Mailing Address	TENTH CONG	RESSIONAL DISTRICT DE	EMOCRATIC COM	MITTEE OF VIRGINIA
Mailing Address ### STATE ### S	6. Name of Any Connec	cted Organization, Affiliated Committee, Jo	oint Fundraising Representati	ve, or Leadership PAC Sponsor
Richmond City State Zip code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position City State Zip code Telephone number Telephone number Lesie, Matthew, Allen, Mr., of Treasurer Mailing Address 20684 Plate Square Mailing Address Ashburn Lesie, Matthew, Allen, Mr., city Title or Position City State Zip code Telephone number VA 20147 Lesie, Matthew, Allen, Mr., city Title or Position	DEMOCRATIC PA	ARTY OF VIRGINIA		
Richmond City State Zip code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position City State Zip code Telephone number Lesie, Matthew, Allen, Mr., of Treasurer Mailing Address 20684 Plate Square Mailing Address Ashbum VA 23219 Leadership PAC Sponsor City State Zip code Telephone number Lesie, Matthew, Allen, Mr., of Treasurer Mailing Address 20684 Plate Square Mailing Address Ashbum VA 20147 Let City State Zip code Title or Position				
Relationship: City STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position City State Zip CODE Telephone number Telephone number Telephone number Telephone number Ashburn Leslie, Matthew, Allen, Mr., of Treasurer Mailing Address Ashburn City State Zip CODE Title or Position City State Zip CODE Title or Position City State Zip CODE	Mailing Address	919 EAST MAIN STREET		
Relationship:	Mailing Address	SUITE 2050		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position		RICHMOND	VA	23219
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position		CITY	STATE	ZID CODE
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books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number Telephone number Leslie, Matthew, Allen, Mr., of Treasurer Mailing Address 20684 Pilate Square Mailing Address CITY STATE ZIP CODE Telephone number Leslie, Matthew, Allen, Mr., of Treasurer Mailing Address CITY STATE ZIP CODE Title or Position	Relationship: x Con	nnected Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
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Mailing Address Title or Position CITY STATE ZIP CODE Telephone number Telepho				
Title or Position CITY STATE ZIP CODE Telephone number Telephone number 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 Mailing Address Ashburn CITY STATE ZIP CODE Title or Position	Full Name			
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any designated agent (e.g., assistant treasurer). Full Name			Telephone number	
any designated agent (e.g., assistant treasurer). Full Name				
of Treasurer Mailing Address 20684 Pilate Square			of the treasurer of the committ	ee; and the name and address of
Ashburn CITY STATE ZIP CODE Title or Position		ie, Matthew, Allen, Mr.,		
CITY STATE ZIP CODE Title or Position	Mailing Address	20684 Pilate Square		
CITY STATE ZIP CODE Title or Position				
Title or Position		Ashburn		20147
_		CITY	STATE	ZIP CODE
Treasurer 703 470 1563 Telephone number	Title or Position Treasurer		Tolophono number	703 470 1563

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Full Name of Designated	Leslie, Matthew, Allen, Mr.,	
Agent Mailing Address	20684 Pilate Square	
Mailing Address		
	Ashburn , VA , 2014	
T91 B 91	CITY STATE	ZIP CODE
Title or Position Treasurer		470 - 1563
Name of Bank, [Depository, etc.	
Name of Bank, [Depository, etc. BB&T Bank 2513 Fox Mill Road	
	BB&T Bank	
	BB&T Bank	11
	BB&T Bank 2513 Fox Mill Road	ZIP CODE
	BB&T Bank 2513 Fox Mill Road Reston VA 2019 CITY STATE	
Mailing Address	BB&T Bank 2513 Fox Mill Road Reston VA 2019 CITY STATE	ZIP CODE
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Mailing Address Name of Bank, I	BB&T Bank 2513 Fox Mill Road Reston VA 2019 CITY STATE	ZIP CODE
Mailing Address Name of Bank, I	BB&T Bank 2513 Fox Mill Road Reston VA 2019 CITY STATE	ZIP CODE