FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)											
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exam	ple: If typyir he lines	ıg, type	12F	E4M	-	ce use onl	<u>у</u>		
ا م Jo Ann Davis	for Congress Inc.											1
1												
	200 E	Commerce Cir									<u></u>	l
ADDRESS (number and	street)											
X (Check if add						Ш				Ш	—	ш
is changed)	York	town	ш	ш	Ш	LY	A		2369	3 _ [ш
COMMITTEE'S E-MA	UI ADDDESS		CITY			STAT	Ε <u></u>		ZIF	CODE	_	
john@forestc												1
												بــــــــــــــــــــــــــــــــــــــ
			ШШ	ШШ		Ш				Ш		Щ
COMMITTEE'S WEE	PAGE ADDRESS (U	RL)										
						ш	ш		1 1	ш		Ш
			ш							ш		لــــا
COMMITTEE'S FAX	NUMBER											
با لبنا	سيا لي											
2. DATE 02	M / D D / Y	2008 [°]										
3. FEC IDENTIFIC	ATION NUMBER	(C C00:	354001								
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENI	DED (A)							
I certify that I have exam	nined this Statement and	to the best of my know	wledge and	belief it is tr	ue, correct a	ınd comp	lete					
Type or Print Name of	Treasurer	lr. John G Selph	1									
Signature of Treasure	r Electronically File	d by Mr. John C	Selph			Date	M	2 ^M	01	/ Y	Ý 2 (0 0 8
NOTE: Submission of fa	alse, erroneous, or incom	plete information may	-		_				of 2 U.S.0	C. S437	g.	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC (Revise	FOR led 02/20		

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5.	TYPE OF COMMITTEE (Check One)						
	(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. (Complete the candidate information below.)						
	Name of Candidate Jo Ann S. Davis						
	Candidate Party Affiliation REP Office Sought: X House Senate President	State VA District 01					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate						
		mocratic, ublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party					
6.	Name of Any Connected Organization or Affiliated Committee						
L							
	Mailing Address						
	CITY▲ STATE ▲ Z	IP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organizatio	n					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name			
Jo Ann Davis for Congress I	nc.		
Custodian of Records: Identify possession of Committee books	by name, address, (phone number s and records.	optional), and position of th	e person in
Full Name Mr. John G	Selph		
Mailing Address	PO Box 71596		
	Richmond		23255 _
Title or Position ▼	CITY 🛦	STATE ▲	ZIP CODE A
Treasurer		Telephone number	
Full Name of Treasurer Mr. John G Mailing Address	PO Box 71596		
	Richmond		23255 _
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
Treasurer		Telephone number 804	
Full Name of			
Designated Agent			
Designated			
Designated Agent	CITY A	STATE A	

9.

FEC Form 1 (Revised 02/2003)		

Banks or Other Depositories safety deposit boxes or maintai		
Name of Bank, Depository, etc.		
BB&T	Bank 	
Mailing Address	5340 George Washington Mem Hwy	
		ı
	Yorktown	
	CITY A STATE A ZIP CODE A	
Name of Bank, Depository, etc.		
Mailing Address		
	CITY △ STATE △ ZIP CODE △	

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