

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

Office Use Only

2009 MAY 18 AM 11:07

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF RONALD MITCHELL

ADDRESS (number and street)

P.O. BOX 9045

(Check if address  
is changed)

ALEXANDRIA

VA

22304-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

RONALD-MITCHELL@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

05/13/2009

3. FEC IDENTIFICATION NUMBER

C00460337

4. 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.

Type or Print Name of Treasurer

Welton Barnes, Jr.

Signature of Treasurer



Date

05/13/2009

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  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

29030091290

## 5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate

RONALD MITCHELL

Candidate Party Affiliation

DEM

Office Sought:

☒

House

Senate

President

State

VA

District

8th

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action 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 ID number | C |
| 2. |  | FEC ID number | C |
| 3. |  | FEC ID number | C |
| 4. |  | FEC ID number | C |

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Write or Type Committee Name

Friends of Ronald Mitchell

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

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

ABTHUR FORD

Mailing Address

225 S. WHITING STREET APT 102

ALEXANDRIA

VA

22304-

Title or Position

CITY

STATE

ZIP CODE

RECORD KEEPER

Telephone number

412-1519-1565

## 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

WELTON BARNES JR

Mailing Address

411 SOUTH VAN DORN ST APT T1

ALEXANDRIA

VA

22304-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

703-823-2249

29030091292

Full Name of  
Designated  
Agent

WILSON THOMPSON

Mailing Address

8802 BLACK ALDER DR

ALEXANDRIA

CITY

VA

STATE

22309-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

703-780-6533

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.

BRANCH BANKING &amp; TRUST

Mailing Address

6244-A LITTLE RIVER TURNPIKE

ALEXANDRIA

CITY

VA

STATE

22312-

ZIP CODE

Name of Bank, Depository, etc.

BRANCH BANKING &amp; TRUST

Mailing Address

6244-A LITTLE RIVER TURNPIKE

ALEXANDRIA

CITY

VA

STATE

22312-

ZIP CODE

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**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.

|                                         |                 |
|-----------------------------------------|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
|-----------------------------------------|-----------------|

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|------------------------------------------------|------------|
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
|------------------------------------------------|------------|

|                                                               |                             |
|---------------------------------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C)<br>5/13/07 |
|---------------------------------------------------------------|-----------------------------|

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|----------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |            |

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|--------------------------------------------|------------|
| <input type="checkbox"/> USPS Express Mail | Postmarked |
|--------------------------------------------|------------|

☐ Postmark Illegible

☐ No Postmark

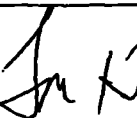
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|----------------------------------------------------------------|---------------|
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/>            |               |

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|----------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|-------------------------------------------|-------------------------------|

  
PREPARER  
(3/2005)

5/18/07  
DATE PREPARED

29030091294