FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2009 MAY 18 A 11:07
Office Use Only

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) PO BOX 9045

(Check if address is changed)

ALEXANDRIA | VA | 22304-

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 [signature] 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 Use Only				

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

29030091292

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 ARTHUR FORD

Mailing Address 225 S WHITING STREET APT 102

ALEXANDRIA VA 22304-

Title or Position CITY STATE ZIP CODE

RECORD KEEPER Telephone number 412-519-565

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-

CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number 703-823-2249

Full Name of Designated Agent: WILSON THOMPSON

Mailing Address: 8862 BLACK ALDER DR

ALEXANDRIA | VA | 22309-

CITY | STATE | 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 & TRUST

Mailing Address: 6244-A LITTLE RIVER TURNPIKE

ALEXANDRIA | VA | 22312-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

BRANCH BANKING & TRUST

Mailing Address: 6244-A LITTLE RIVER TURNPIKE

ALEXANDRIA | VA | 22312-

CITY | STATE | ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Next Business Day Delivery ☐	
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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 5/18/07

(3/2005)

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