FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Washington County Virginia Democratic Committee PO Box 1332 ADDRESS (number and street) (Check if address is changed) Abingdon 24212-1332 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address washcovademocrats@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00757302 FEC IDENTIFICATION NUMBER 3. X 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 Hebard, Frederick, V, Hebard, Frederick, V,, 04 01 2024 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03	/2022)				Page 2
. TYPE OF COMMITT	EE:				
Candidate Commi	ttee:				
(a) This commit	ttee is a principal campaign	n committee. (Complete	the candidate inform	ation below.)	
(b) This commit information	ttee is an authorized comm	nittee, and is NOT a pri	ncipal campaign com	mittee. (Complete the c	candidate
Name of Candidate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Candidate Party Affiliation	Office Sough	t: House	Senate	President	State District
(c) This commit	ttee supports/opposes only	one candidate, and is	NOT an authorized of	committee.	
Name of Candidate					
Party Committee:					
(d) This commi	taa is a SIIR	National, State or subordinate) committ	ee of the DEM	(Democratic, Republican, et	c.) Party
Political Action Co	ommittee (PAC):				
(e) This commit	ttee is a separate segregat	ed fund. (Identify conne	ected organization on	line 6.) Its connected of	organization is a:
Corpor	ation	Corporation w	/o Capital Stock	Labor Orga	anization
Membe	ership Organization	Trade Associa	ition	Cooperative	е
In	addition, this committee is	a Lobbyist/Registrant	PAC.		
	ttee supports/opposes more (i.e., nonconnected commit		didate, and is NOT a	separate segregated for	und or party
In	addition, this committee is	a Lobbyist/Registrant	PAC.		
In	addition, this committee is	a Leadership PAC. (Id	entify sponsor on line	e 6.)	
(g) This commit	ttee is an independent exp	enditure-only political c	ommittee (Super PAC).	
In	addition, this committee is	a Lobbyist/Registrant	PAC.		
(h) This commit	ttee is a political committee	with both contribution	and non-contribution	accounts (Hybrid PAC)	
In	addition, this committee is	a Lobbyist/Registrant	PAC.		
Joint Fundraising	Representative:				
(1)	ttee collects contributions, porganizations, at least one	•		•	nore political
(1)	ttee collects contributions, porganizations, none of which			•	nore political
Committees Partic	cipating in Joint Fundraise	er			
1.		<u> </u>		C	

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٧	Vrite or Type Committee Name				
		ınty Virginia Democra	tic Committee		
6.	Name of Any Connected O	rganization, Affiliated Committee, J	Joint Fundraising Repre	sentative, or Le	adership PAC Sponsor
	DEMOCRATIC PAR	ΓY OF VIRGINIA			
	Mailing Address	919 EAST MAIN STREET			
		SUITE 2050			
		RICHMOND		VA	3219
		CITY ▲		STATE ▲	ZIP CODE ▲
					
	Relationship: Connected	Organization X Affiliated Organization	on Joint Fundraising	Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number -	optional) and position of	f the person in po	ssession of committee
	Hebard Fr	ederick, V, ,			
	Full Name				
	Mailing Address	30056 Smyth Chapel Rd.			
	ag / tau.ooo				
		Meadowview		VA L24	1 361
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber 276	- 356 - 8517
			relephone nam	DCI	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional assistant treasurer).) of the treasurer of the	committee; and	the name and address of
	Full Name Hebard, Fr	ederick, V, ,			
	of Treasurer				
	Mailing Address	30056 Smyth Chapel Rd.			
		Meadowview		VA 24	4361
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone numl	ber276	_ 356 8517

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Full Name of Designated Agent Mailing Address	Stancill, Susan, , , , 300 Grove Terrace Dr SW Abingdon	24210
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Chair		919 - 349 - 2658
	Depositories: List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
Name of Bank, D	pepository, etc.	
Mailing Address	First Community Bank 271 West Main St Abingdon VA	24210
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
		1
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisir	g Participant:				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
lame of Any Connected	Organization, Affiliated	Committee, Joint Fu	ndraising Rep	oresentativ	e, or Leadership PAC Spon
Mailing Address					
	1			1 . 1	I , , , , I-I , ,
Relationship:		CITY A		STATE A	ZIP CODE ▲
			loint Fundraising	g Represent	ative Leadership PAC Sp
esignated Agent: Identif				g Representa	Leadership PAC Sp
esignated Agent: Identify Miles, Ju Full Name	by name, address (phor			g Representa	Leadership PAC Sp
esignated Agent: Identif	by name, address (phorlisnne, , ,			g Representa	Leadership PAC Sp
esignated Agent: Identify Miles, Ju Full Name	by name, address (phorelisnne, , ,			g Representa	Leadership PAC Sp
esignated Agent: Identify Miles, Ju Full Name Mailing Address	by name, address (phorelisnne, , ,	ne number – optional		VA	24211
esignated Agent: Identify Miles, Ju Full Name	by name, address (phorelisnne, , ,			VA STATE A	24211 ZIP CODE ▲
resignated Agent: Identify Miles, Ju Full Name Mailing Address TITLE OR POSITION	by name, address (phorelisnne, , ,	ne number – optional		VA STATE A	24211 ZIP CODE ▲
resignated Agent: Identify Miles, Ju Full Name Mailing Address TITLE OR POSITION Vice Chair for Finan Line Control of the Control of th	by name, address (phorelisme, , , , , , , , , , , , , , , , , , ,	ne number – optional	Telephone No	VA VA STATE A umber	24211 ZIP CODE ▲
esignated Agent: Identify Miles, Ju Full Name Mailing Address TITLE OR POSITION Vice Chair for Finan Vice Chair for Finan anks or Other Depositor afety deposit boxes or mail	by name, address (phorelisme, , , , , , , , , , , , , , , , , , ,	ne number – optional	Telephone No	VA VA STATE A umber	24211 ZIP CODE A
Full Name Miles, Ju Full Name Mailing Address TITLE OR POSITION Vice Chair for Finan Janks or Other Depositor afety deposit boxes or mail Jame of Bank, Jame of Ba	by name, address (phorelisme, , , , , , , , , , , , , , , , , , ,	ne number – optional	Telephone No	VA VA STATE A umber	24211 ZIP CODE A
resignated Agent: Identify Miles, Ju Full Name Mailing Address TITLE OR POSITION Vice Chair for Finan	by name, address (phorelisme, , , , , , , , , , , , , , , , , , ,	ne number – optional	Telephone No	VA VA STATE A umber	24211 ZIP CODE A
Full Name Miles, Ju Full Name Mailing Address TITLE OR POSITION Vice Chair for Finan anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phorelisme, , , , , , , , , , , , , , , , , , ,	ne number – optional	Telephone No	VA VA STATE A umber	24211 ZIP CODE A