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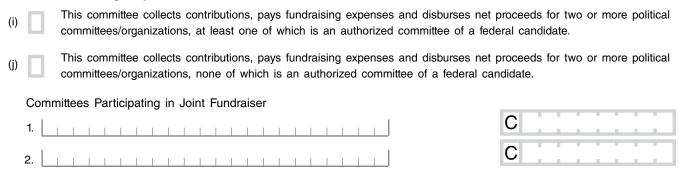
PAGE 1 / 4 🗕

STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Virginians United fo	or Progress			
				<u> </u>
ADDRESS (number and street)	43300-116 Southern Walk Pla	aza		
(Check if address is changed)	#209 			
is changed)	Broadlands		VA 2	0148
	CITY A		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	vaunited4progress@gmail.	com		
	Optional Second E-Mail Ad	dress		
 2. DATE 	D / Y Y Y Y Y 1 2023			
3. FEC IDENTIFICATION N	UMBER ► C C	00863456		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name of Treasure	r <u>Tobe, John, , ,</u>			
Signature of Treasurer Tobe	e, John, , ,		Date	/ D D / Y Y Y Y 21 2023
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		ne penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2										
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											
	Candidate Office Party Affiliation Sought: House Senate President	State										
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District										
	Name of Candidate											
	Party Committee:											
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc	.) Party										
	Political Action Committee (PAC):											
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a:										
	Corporation Corporation w/o Capital Stock Labor Organ	nization										
	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 fur committee. (i.e., nonconnected committee)	nd or party										
	In addition, this committee is a Lobbyist/Registrant PAC.											
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)											
	(g) X This committee is an independent expenditure-only political committee (Super PAC).											
	In addition, this committee is a Lobbyist/Registrant PAC.											
	(h) This committee 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:



Relationship:

Full Name

Mailing Address

Title or Position **v**

Treasurer

books and records.

7.

-	FEC Form 1 (Revised 0	2/2	009	9)																													Pa	age	3			
۷	Nrite or Type Committee Name																																					
	Virginians United	l f	or	F	Pro	og	gre	es	ss																													
6.	Name of Any Connected Or	ga	niza	atio	on,	Af	filia	ate	d C	Cor	nm	itte	e,	Jo	int	Fu	une	dra	isi	ng	R	ер	res	en	tat	ive	, o	r L	.ea	der	shi	ip I	PA	C S	Зрс	ns	or	
													<u> </u>																									
																																				Ĺ		
	Mailing Address																																					
																												L						-[

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee

STATE

VA

STATE

Telephone number

571

20148

Joint Fundraising Representative

ZIP CODE 🔺

ZIP CODE

9601

303

Leadership PAC Sponsor

CITY

Affiliated Organization

43300-116 Southern Walk Plaza

Connected Organization

Tobe, John, , ,

#209

Broadlands

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).

CITY

Full Name	Tobe, John, , ,
of Treasurer	
Mailing Address	43300-116 Southern Walk Plaza
	#209
	Broadlands
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position v	
Treasurer	Image: Telephone number 571 - 303 - 9601

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Full Name of Designated Agent]
Mailing Address	1	
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	· <u> </u>

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.

	Amalgamated Bank		
Mailing Address	1825 K Street, N.W.		
	Washington)6
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I]
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲