Only

STATEMENT OF

PAGE 1 / 4 =

(Revised 06/2012)

FEC FORM 1		0	RGAN	IZAT	ION	I											
1. NAME OF COMMITTEE (ir	n full)		Check if names changed)		xample	:If typin lines.	g, type	9	12	FE4	M5	Offic	e Use	Only			
John Sitka fo					1 1	1 1 1	1 1	1 1							ı ı	1 1	₁
ADDRESS (number a	nd etroot)	РО ВОХ	71596								1 1						
(Check if a	address										1 1						
is changed	d)	Richmon	d					1	VA	\		2325	5		 _		
		Cl	ГҮ 🛦					_	STA	TE 🔺	, L			ZIP	COI	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS															
		john@fo	restcs.com														
		Optional	Second E-Ma	ail Address													ı
		Johna	orty, odu														
	DAGE AD	DDEGG /UI	N \														
COMMITTEE'S WEB (Check if a	address	,	aforcongress.c	om													. 1
is changed	d)																
2. DATE 0		3 / Y	2024														
3. FEC IDENTIFIC	CATION N	JMBER ▶		C00877	951												
4. IS THIS STATEM	MENT X	NEW	(N) O	R		AMENI	DED (A	A)									
certify that I have e	examined th	nis Stateme	nt and to the	best of my	y know	ledge a	nd beli	ef it i	s true	e, coi	rect a	and o	compl	ete.			
Type or Print Name	of Treasure	r <u>Selph, J</u> o	ohn, G., Mr.,														
Signature of Treasure	er Selpl	n, John, G., I	⁄лг.,					I	Date		м = м 05	/	03	D /	Y	2024	
NOTE: Submission of	false, erron		omplete inform										enalti	es of	52 L	J.S.C.	§30109.
Office Use						further in						F	EC)RN		

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e candidate
Name of Candidate Sitka, John, , Dr., III	
Candidate Party Affiliation REP Office Sought: X House Senate President	State VA District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotiliot
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	rganization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund 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) 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 PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 C	
C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name	ongross	
 S.	John Sitka for Co	DINGIESS ganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
<i>,</i> .	NONE	gamzanon, Anniaca Commico, Come Fandraionig Representative, C	n Educionip i Ao oponicoi
	Mailing Address		
			1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	
	Ticidatoriorip.	Jiganization Timilator Organization Tolliconian Proprocontain	Loadolollip 17to opoliso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person i	in possession of committee
	Selph, Johr	G Mr	
	Full Name	, O., Mil.,	
	Mailing Address	PO Box 71596	
		Richmond	23255
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	CIT A STATE A	ZIF GODE =
	Treasurer	Telephone number	04 - 270 - 0791
3.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	and the name and address of
	Full Name Selph, John	ı, G., Mr.,	1
	of Treasurer	PO D. 74500	
	Mailing Address	PO Box 71596	
		Richmond	23255
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	80 Telephone number	04 - 270 - 0791

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated			. ngu
Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone	e number	·
	Depositories: List all banks or other depositories in which the contes or maintains funds.	nmittee deposits funds, h	olds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	3901 Stillman Pkwy		
			1
	Glen Allen	VA 2306	60
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲