

RECEIVED  
FEDERAL ELECTION COMMISSION  
2002 JUN 13 AM 11:45

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4MS

BEN JONES FOR CONGRESS

ADDRESS (number and street) 2114 DABNEY ROAD

(Check if address is changed) SUITE C

RECHAOND VA 23232

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 31 2002

3. FEC IDENTIFICATION NUMBER C

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 Anna Vester

Signature of Treasurer *Anna Vester*

Date 05 31 2002

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.

5. TYPE OF COMMITTEE (Check One)

- (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 BEN L. "COOTER" JONES

Candidate Party Affiliation DEM Office Sought  House  Senate  President State VA District 07

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

Name of Candidate \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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 MEREDITH GORFEIN

Mailing Address 3 RUSH RIVER LANE

WASHINGTON VA 22747

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number

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 ALBA VEATOR

Mailing Address 507 HARRIS HOLLOW ROAD

WASHINGTON VA 22747

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 804 740-6000

Full Name of Designated Agent SAMUEL W. MARTIN

Mailing Address 2114 DARNLEY ROAD SUITE C

RICHMOND VA 23230

Title or Position CITY STATE ZIP CODE

FINANCE DIRECTOR Telephone number 804-740-6000

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.

RAPPANNOCK NATIONAL BANK

Mailing Address

P.O. BOX 9179

WASHINGTON

VA

22347

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 6-4-02
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
 PREPARER		6-15-02 DATE PREPARED

This document is a copy of the original document filed with the Commission. It is not a substitute for the original document.