PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Robert Hurt for Congress PO Box 8 ADDRESS (number and street) (Check if address is changed) Chatham 24531-0008 VA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .john@forestcs.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.roberthurtforcongress.com (Check if address is changed) DATE 2014 C00468405 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. John G. Selph Type or Print Name of Treasurer John G. Selph [Electronically Filed] 04 2014 Signature of Treasurer Date 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. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
 Use			Federal Election Commission
 			Toll Free 800-424-9530
Only			Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can		e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name	of.	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Cand		ROBERT HURT	
Cand Party	idate Affiliati	ion REP Office Sought: X House Senate President	State VA District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	.	
	2.		
	3.	FEC ID number C	
	4.		

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Robert Hurt for		
	~	DAC Spancer
-	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	·
VIRGINIA REDISTRICTING D	PEFENSE FUND (WITTMAN, RIGELL, FORBES, HURT, GOODLATTE, CANTOR	& GRIFFITH)
Mailing Address	25 E MAIN ST	
3		
	RICHMOND VA 23219	. _
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
John G. Se	elph	.
Mailing Address	PO Box 71596	
Walling Address		
	Richmond , VA 23255-1596	6
Title or Position	CITY STATE ZI	P CODE
Treasurer	Telephone number 804 - 27	70
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name John G. Se	elph	ı
of Treasurer	PO Box 71596	
Mailing Address	I O DOX 7 1030	
	Richmond VA 23255-1596	
Title or Position		P CODE
Treasurer		0 0791

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Full Name of Designated Agent		
Mailing Address		
TW D W	CITY STATE Z	ZIP CODE
Title or Position		
	oxes or maintains funds	
Name of Bank, [Depository, etc. Bank of America 8001 Patterson Ave	
	Depository, etc. Bank of America	
Name of Bank, [Depository, etc. Bank of America	
Name of Bank, [Bank of America 8001 Patterson Ave Richmond VA 23229	ZIP CODE
Name of Bank, [Bank of America 8001 Patterson Ave Richmond VA 23229 CITY STATE Z	ZIP CODE
Name of Bank, I	Bank of America 8001 Patterson Ave Richmond VA 23229 CITY STATE Z	
Name of Bank, I	Depository, etc. Bank of America 8001 Patterson Ave Richmond VA 23229 CITY STATE Z Depository, etc. Suntrust Bank 11501 West Broad Street	