FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	ORGANIZATION			Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
Doug Denneny for	Congress					
			<u> </u>			
ADDRESS (number and street) ▼	P.O. Box 2611			<u></u> ·		
(Check if address is changed)	Fairfax		[VA] 2	2031 - 0611		
COMMITTEE'S E-MAIL ADDRI		CITY A	STATE ▲	ZIP CODE ▲		
info@dougforcongr			1 1 1 1 1 1 1 1 1	1		
		<u> </u>				
COMMITTEE'S WEB PAGE AD	DRESS (URL)	mormy status at a				
www.dougforcongre	ss.org		<u> </u>			
	e i i i i i i i i i i i i i i i i i i i	ing the Sum of the sum	<u> </u>			
COMMITTEE'S FAX NUMBER	r ·	n en eligeo, resiliere la Lei Recordina				
703 - 232 - 101						
2. DATE 10 02	2007					
3. FEC IDENTIFICATION N	UMBER ► CO	0437145				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)				
I certify that I have examined to	his Statement and to the best	of my knowledge and belief i		10/02/20	ים ר	
Type or Print Name of Treasure	Jeanne K. Doug	lass	FEC:	ack of Tentrales	_	
Signature of Treasurer Geanet Lousans		to delete	veck of September Led a FEC Form. - Hu Assistant - Lowever that	_		
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing ON SHOULD BE REPORTED V	position	has now been		
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	forward Amended	e FEC FORM I will a pour how	H	
			Assistant	THERSURV.		

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5. TYPE OF COMMITTEE (Check One)					
(a) This committee is a principal campaign committee. (Complete the candidate information)	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 comming information below.)	mittee. (Complete the candidate				
Name of Doug Denneny Candidate					
Candidate Office X House Senate	State VA President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized of	ommittee.				
Name of Candidate					
(d) This committee is a (National, State or subordinate) 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 committee.	separate segregated fund or party				
6. Name of Any Connected Organization or Affiliated Committee					
None					
Mailing Address					
<u> </u>					
	لــــا-لــــا				
CITY ▲ STATE ₄	ZIP CODE ▲				
Relationship					
Type of Connected Organization:					
Corporation Corporation w/o Capital Stock	abor Organization				
Membership Organization Trade Association	Cooperative				
					

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Write or Type Committee Nam		·		
Doug Denneny for (Congress			
	ntify by name, address (phone number op	ntional) and position of	the person in po	ossession of committee
Full Name Treas	surer	111111		
Mailing Address			<u> </u>	
			<u> </u>	
		با لبيب	لللل ال	
Title or Position▼	CITY ▲	STATE	E 🛦	ZIP CODE A
		Telephone number	ا-لىيا	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	treasurer of the comm	nittee; and the n	ame and address of
Full Name Jeans	ne Karen Douglass	 	<u> </u>	
Mailing Address	3342 Monarch Lane		11111	
		<u> </u>	1 1 1 1 1	
	Annandale	LLLL VA	2200	3, , -[115]
Title or Position▼	CITY ▲	STATE	E▲	ZIP CODE A
Treasurer		Telephone number	703 5	73, - 9603 ,
Full Name of Designated Erin Agent	Crowell Spilman			
Mailing Address	3821 Chantal Lane	111111		<u> </u>
		4 1 1 4 1 1 1 1 1		
	Fairfax	V _A	2203	1
Title or Position▼	CITY ▲	STATE	E 🛦	ZIP CODE A
Assistant Treasu	rer	Telephone number	703 _ - [272

ZIP CODE A

STATE A

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safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds.	accounts, rents
Name of Bank, D	Depository, etc.	
	Bank of America	
Mailing Address	9500 Main Street	
		<u> </u>
	Fairfax VA 22031	
	CITY ▲ STATE ▲ Z	IP CODE ▲
Name of Bank, D	Depository, etc.	
		1
Mailing Address		<u> </u>
	1	

CITY A

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No Postmark			
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Next Busine	ss Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Receipt or Postmarked		
6	Inla la		
PREPARER	DATE PREPARED		
(3/2005)			