1403 - 134 - 2653

STATEMENT OF

PAGE 1/6 -

FORM 1	ORGANIZA	ATION	2611 DEC -1 AM 6: 52
			F (Offipe) Use (Only FA) TELL
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Practical Patriot			
	915 First Colonial Road, STE		
ADDRESS (number and street)			
(Check if address is changed)		·	
	Virginia Beach		VA 23454
·	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:00		
	,page@scottrigell.com	•	
(Check if address is changed)	1		3 1 1 1 1 1 3 1 3 1 3 4 3 5 5 5 5
	Optional Second E-Mail Add	dress	
		·	
	anneon win		
COMMITTEE'S WEB PAGE AD (Check if address	DHESS (UHL)		,
is changed)		11.11.11.	1211122
			- 1 - 5 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
2. DATE	A POWER OF SERVICES		
a FEO IDENTIFICATION N	C.	A CONTRACT WAS TO THE	
3. FEC IDENTIFICATION N	UMBER >	A service of the serv	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
L certify that I have examined t	his Statement and to the best	of my knowledge and heliel	it is true, correct and complete.
. comy man i novo oxaminos i	THE STATE OF THE SECTION OF THE SECT	cyccogo ana bener	The first contact and complete.
Type or Print Name of Treasure	Mr. Joseph B. Wood Jr.		residential and the second section of the section of the second section of the section of the second section of the secti
Signature of Treasurer Mr.	Joseph B. Wood Jr. Joseph	1 Wood	Date 11 07 2014
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	• • •	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use		For further Information Federal Election Community Toll Free 800-424-9530	

FEC F	orm 1 (Revised 02/2009)		Page 2
	COMMITTEE e Committee:		
(a)	This committee is a principal campaign commit	tee. (Complete the candidate inform	ation below.)
(b)	This committee is an authorized committee, an information below.)	d is NOT a principal campaign com	mittee. (Complete the candidate
Name of Candidate	1		
Candidate Party Affilia	Office tion Sought: H	łouse Senate	State President District
(c)	This committee supports/opposes only one can	didate, and is NOT an authorized o	ommittee.
Name of Candidate			
Party Co	mmittee:		to the second
(d)	•	nal, State ordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	the factor than the second section of the second	
(e)	This committee is a separate segregated fund.	(Identify connected organization on I	ine 6.) Its connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this committee is a Lo	obbyist/Registrant PAC.	
(f)	This committee supports/opposes more than o committee. (i.e., nonconnected committee)	ne Federal candidate, and is NOT a	separate segregated lund or party
	In addition, this committee is a Lobbyist/i	Registrant PAC.	
	In addition, this committee is a Leadersh	ip PAC. (Identify sponsor on line 6.)	,
		e e e	, the more space of the first of
Joint Fur	draising Representative:		
(g) X	This committee collects contributions, pays fundr committees/organizations, at least one of which is		
(h) k :	This committee collects contributions, pays fundr committees/organizations, none of which is an au	- .	
Co	nmittees Participating in Joint Fundraiser		
1,	Better Leadership - Better Ameri	ca PAC FEC ID number	r C C00503581
2.	National Republican Congressiona	Committee FEC ID number	r C C00075820
3.	Scott Rigell for Congress	FEC ID numbe	r C C00463687
4.		FEC ID numbe	r C

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FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I	Vame	
Practical Pati	riot Fund	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
Scott Rigell for Cor	ngress	
Mailing Address	915 First Colonial Reod, STE 100	
•		
	Virginia Beach VA	A 23454
	CITY STA	ATE ZIP CODE
Relationship: Conn	ected Organization X Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponso
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
i	oseph B. Wood Jr	
Full Name	5156 Trevino Drive	<u> </u>
Mailing Address		<u> </u>
	McGaheysville , V	A22840
Title or Position	CITY STAT	TE ZIP CODE
Custodian of Records	Telephone number	757 620 4918
	e and address (phone number optional) of the treasurer of the com- e.g., assistant treasurer).	mittee; and the name and address of
Full Name Mr. Jo	oseph B. Wood Jr.	<u> </u>
Mailing Address	5156 Trevino Drive	
·	McGaheysville V	(A) 22840
Title or Position Treasurer	Telephone number	757 - 620 - 4918

FEC Form 1 (Rev	ised 0.2/2009)	Page 4
Full Name of Designated Agent 11		البيديد المتاليد الماليد
Mailing Address	Lighten	1841414
		1111111
	CITY STATE	ZIP CODE
Title or Position	Telephone number	المسا-ليسا
Name of Bank, Depositor	y, etc.	
	neBank 2101 Parks Avenue	1111111111111
Town	neBank 12101 Parks Avenue	1
Town	2101 Parks Avenue	23451
Town	2101 Parks Avenue Virginia Beach VITY STATE	23451
Mailing Address Name of Bank, Depositor	2101 Parks Avenue Virginia Beach CITY STATE	23451 ZIP CODE
Mailing Address Name of Bank, Depositor	2101 Parks Avenue Virginia Beach CITY STATE	23451 ZIP CODE
Town	2101 Parks Avenue Virginia Beach CITY STATE	23451 ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

	00/2011)		Page 3
Banks or Other Depositories safety deposit boxes or mainta	ains funds.		olds accounts, rents
Name of Bank, Depository, etc.	с.		[-NPDITIONAL]
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Mailing Address			ليتتنينا
		يا ليا ل	سيا-ليب
	CITY 🛦	STATE	ZIP CODE 🛕
Name of Any Connected Org Better Leadership - B	ganization, Affiliated Committee, Joint Fundraising I	Representative, or Leade	[ADDITIONAL]
Malling Address	P.O. Box 3055		
	Virginia Beach		13454 1111-
	CITY	STATE	ZIP CODE
elationship; Connected Organization	X Affiliated Committee Joint Fundraising 6	Representative Lea	dership PAC Sponsor
Carmodico Cigoriazioni			
Designated Agent			[ADDITIONAL]
			[ADDITIONAL]
Designated Agent			[ADDITIONAL]
Designated Agent Full Name			[ADDITIONAL]
Designated Agent Full Name	CITY •	STATE	[ADDITIONAL]
Designated Agent Full Name Malling Address		STATE D	
Designated Agent Full Name Malling Address	Tele	_	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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tion, Affiliated Committee, Joint Fundraising R	 	[ADDITIONAL
	epresentative, or Lea	[ADDITIONAL dership PAC Sponsor
		1111111
	<u> </u>	
First Street SE		
<u> </u>		
shington	ا لئا ل	20003
CITY	STATE	ZIP CODE
Affiliated Committee Joint Fundraising R	epresentative Le	eadership PAC Sponsor
		[ADDITIONAL]
CITY &	STATE	ZIP CODE
Telep	hone number	
Telep	hone number	{ ADDITIONAL }
	Affiliated Committee Joint Fundraising R	shington CITY STATE Affiliated Committee Joint Fundraising Representative Le

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Washington, O.C. 20463

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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):	ceipt or Postmarked
No.	12/1/)4
PREPARER (8/2013)	DATE PREPARED