FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN PARTY OF VIRGINIA INC 115 EAST GRACE STREET ADDRESS (number and street) (Check if address is changed) **RICHMOND** 23219-1741 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address floehr@virginia.gop is changed) Optional Second E-Mail Address john@forestcs.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.virginia.gop (Check if address is changed) DATE 2024 C00001305 FEC IDENTIFICATION NUMBER > 3. X 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 Selph, John, G, Mr., Date 04 02 2024 Signature of Treasurer Selph, John, G, Mr., NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(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 information below.)	e candidate
	Name of Candidate '''', '''', '''', ''''	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	
	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	d fund or party
	committee. (i.e., nonconnected committee)	
	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 of committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC Form 1 (Revised 0)2/2009)			Page 3
V	Vrite or Type Committee Name	·			
	• .	ARTY OF VIRGINIA INC			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	undraising Representa	tive, or Leader	ship PAC Sponsor
	PROTECT THE HOL	JSE 2024			
	Mailing Address	PO BOX 30844			
		BETHESDA	MD	20824	
		CITY ▲	STATE	 : ▲	ZIP CODE ▲
	Deletionabie: Composted				
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Repre	sentative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optior	nal) and position of the po	erson in posses	sion of committee
		ncis A., , Mr., III			
	Full Name	0005 F. Parties Dr.			
	Mailing Address	9305 Edington Dr			
		1			
		Richmond	, VA	23237	1_1
		OITV A	07175		7ID 00D5 A
	Title or Position ▼	CITY ▲	STATE	- ▲	ZIP CODE ▲
	Controller		Telephone number	804 -	780 - 0111
			releptione number		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the comm	ittee; and the n	ame and address of
	Full Name Selph, Joh	n, G, Mr.,			
	of Treasurer				
	Mailing Address	P. O. Box 71596			
			<u> </u>		
		Richmond	VA	23255	
		CITY A	STATE	▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	804	270

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telep	FEC Fo	rm 1 (Revised 02/2009)		Page 4
CiTY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number	Designated	f 		
Title or Position ▼ 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.	Mailing Add	ess Lilinininininininininininininininininini		
Title or Position ▼ 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.				
Title or Position ▼ 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.				
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. Wells Fargo Bank Mailing Address 1021 E. Cary St. CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address	T::. D		STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc. Wells Fargo Bank Mailing Address 1021 E. Cary St. Richmond VA 23219 CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address 1445-A Laughlin Ave	Title or Pos		nber	
Wells Fargo Bank Mailing Address 1021 E. Cary St.	. Banks or O safety depos	ther Depositories: List all banks or other depositories in which the committee it boxes or maintains funds.	e deposits funds, hold	s accounts, rents
Mailing Address 1021 E. Cary St.	Name of Ba	nk, Depository, etc.		
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address 1445-A Laughlin Ave	Mailing Addı	.1021 F. Carv St		
Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address 1445-A Laughlin Ave		Richmond	VA 23219	
Chain Bridge Bank Mailing Address 1445-A Laughlin Ave		CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address 1445-A Laughlin Ave	Name of Ba	nk, Depository, etc.		
Walling Address		Chain Bridge Bank		
McLean	Mailing Addı	ess 1445-A Laughlin Ave		
McLean VA 22101				
		McLean	VA 22101	
CITY ▲ STATE ▲ ZIP CODE ▲		CITY A	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
GROW THE MAJOR	RITY		
Mailing Address	228 S WASHINGTON ST STE 115		
Walling Address			
	ALEXANDRIA		22314
D 1 .: 1 :		VA	
	CITV A	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	oint Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Jo	oint Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo		
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo	STATE A	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit trafety deposit boxes or make the state of Bank, BB&T	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	FEC ID number	С
<u> </u>	FEC ID number	C
	FEC ID number	С
	FEC ID number	С
Organization, Affiliated Committee, Joint Fr	undraising Representative	e, or Leadership PAC Spons
228 S WASHINGTON ST		
STE 115		
ALEXANDRIA	VA	22314
CITY A	STATE ▲	ZIP CODE ▲
1		
CITY ▲	STATE A	ZIP CODE A
CITY A	STATE A Telephone Number	ZIP CODE A
	228 S WASHINGTON ST STE 115 ALEXANDRIA CITY Organization Affiliated Committee	Organization, Affiliated Committee, Joint Fundraising Representative 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY STATE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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r(h).	John Fundraising	Participant:			
1.			FF	EC ID number	C
2. L			FF	EC ID number	C
3			Ff	EC ID number	C
4.			F	EC ID number	C
Name o	f Any Connected (Organization, Affiliated Committed	, Joint Fundraisin	g Representative	e, or Leadership PAC Sponso
TRU	MP 47 COMMITT	EE			
M	ailing Address	P.O. BOX 509			
		1			
		ARLINGTON		VA	22216
Re	elationship:	CITY A		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Commit	as Y laint Fund	raising Representa	ative Leadership PAC Spor
Full	Name				
IVIAII	ing Address				
TIT	LE OR POSITION	CITY A		STATE A	ZIP CODE A
ТІТ	LE OR POSITION	CITY A	Telepho	STATE A	ZIP CODE A
ТІТ	LE OR POSITION	CITY A	Telepho		ZIP CODE A
Banks o	or Other Depositor	es: List all banks or other deposit		ne Number	
Banks o		es: List all banks or other deposit		ne Number	
Banks o	or Other Depositor eposit boxes or mai	es: List all banks or other deposit		ne Number	
Banks of safety d	or Other Depositor eposit boxes or main from Bank, Capital bory, etc.	es: List all banks or other depositentains funds.		ne Number	
Banks of safety d	or Other Depositor eposit boxes or mai	es: List all banks or other depositintains funds. One Bank		ne Number	
Banks of safety d	or Other Depositor eposit boxes or main from Bank, Capital bory, etc.	es: List all banks or other depositintains funds. One Bank		ne Number	s funds, holds accounts, rents
Banks of safety d	or Other Depositor eposit boxes or main from Bank, Capital bory, etc.	es: List all banks or other deposition tains funds. One Bank 4825 Cordell Ave		ne Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin o		FEC ID number	
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4			0
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A