PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. VIRGINIA LEADERSHIP PAC 306 BISHOPS COURT ADDRESS (number and street) (Check if address is changed) **FALLS CHURCH** 22046 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vwinpisinger@msn.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00378356 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. Peg Willingham Type or Print Name of Treasurer Peg Willingham [Electronically Filed] 02 2015 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye £
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/2009)		Page 3
Write or Type Committee Name		
VIRGINIA LEADERSH		
	Affiliated Committee, Joint Fundraising Repr	esentative, or Leadership PAC Sponsor
JAMES P. MORAN, JR.		
Mailing Address PO Box 8314	 	
	Duna	MD 20883
GAITHERSE	BURG	MD 20883
	CITY	STATE ZIP CODE
Relationship: Connected Organization	Affiliated Committee Joint Fundraising	Representative X Leadership PAC Sponsor
 Custodian of Records: Identify by name, books and records. 	address (phone number optional) and position	on of the person in possession of committee
Vickie Winpisinger		1
Full Name,315 Inspirati	on Lane	
Mailing Address		
Gaithersbur	g 	MD 20878
Title or Position	CITY	STATE ZIP CODE
Assistant Treasurer	Telephone num	ber 301 - 947 - 0278
Treasurer: List the name and address (phase any designated agent (e.g., assistant treas	one number optional) of the treasurer of the urer).	committee; and the name and address of
Full Name Peg Willingham of Treasurer		
Mailing Address 306 Bishops	Court	
Falls Church	1	VA 22046 _
	CITY	STATE ZIP CODE
Title or Position Treasurer	Telephone numl	per 703 - 237 - 1979

FEC Form 1	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxe Name of Bank, Dep		
safety deposit boxe Name of Bank, Dep	es or maintains funds. pository, etc. Cardinal Bank 8270 Greensboro Drive Suite 500	
safety deposit boxe Name of Bank, Dep	es or maintains funds. pository, etc. Cardinal Bank 8270 Greensboro Drive	
safety deposit boxe Name of Bank, Dep	Cardinal Bank 8270 Greensboro Drive Suite 500 McLean VA 22102	ZIP CODE
safety deposit boxe Name of Bank, Dep Mailing Address	Suite 500 McLean VA 22102 CITY STATE	
safety deposit boxe Name of Bank, Dep	Suite 500 McLean VA 22102 CITY STATE	
safety deposit boxe Name of Bank, Dep Mailing Address	Suite 500 McLean VA 22102 CITY STATE	
safety deposit boxe Name of Bank, Dep Mailing Address	Suite 500 McLean VA 22102 CITY STATE	
safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Suite 500 McLean VA 22102 CITY STATE	
safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Suite 500 McLean VA 22102 CITY STATE	