

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

City of Fairfax Republican Committee

ADDRESS (number and street) P.O. Box 1322  
 (Check if address is changed)  
Fairfax VA 22038-1322  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) treasurer@fairfaxcitygop.com  
Optional Second E-Mail Address  
cofrc@kailey.biz

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.fairfaxcitygop.com

2. DATE 09 / 10 / 2014

3. FEC IDENTIFICATION NUMBER C C00532598

4. 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 Kailey, David, , ,

Signature of Treasurer Kailey, David, , , [Electronically Filed] Date 12 / 16 / 2016

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.

5. 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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  SUB (National, State or subordinate) committee of the  REP (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 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 Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated 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.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# City of Fairfax Republican Committee

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Stoeckel, Becky, A., ,

Mailing Address 10242 Stratford Avenue

Fairfax VA 22030

Title or Position CITY STATE ZIP CODE

Chairman

Telephone number 703 - 731 - 9029

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Kailey, David, , ,

Mailing Address 4104 Poplar St

Fairfax VA 22030

Title or Position Treasurer

Telephone number 703 - 218 - 1684

Full Name of Designated Agent | Stoeckel, Becky, A., ,

Mailing Address | 10242 Stratford Avenue  
|  
| Fairfax | VA | 22030 | - |  
| CITY | STATE | ZIP CODE

Title or Position | Chairman | Telephone number | 703 | - | 731 | - | 9029

9. 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.

BB&T Bank

Mailing Address | 10302 WILLARD WAY  
|  
| FAIRFAX | VA | 22030-2508 | - |  
| CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |  
|  
| | | - |  
| CITY | STATE | ZIP CODE

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Kailey, David, , , \_\_\_\_\_

Mailing Address

4104 Poplar St \_\_\_\_\_

Fairfax \_\_\_\_\_ VA 22030 - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 703 - 218 - 1684

[ ADDITIONAL ]

**Joint Fundraiser Participant**

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_