

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

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

12FE4M5

ALWEED2004

ADDRESS (street and street)

P. O. Box 608

(Check if address
is changed)

Lovingston

VA

22949

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.alweed2004

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y
04 / 15 / 2004

3. FEC IDENTIFICATION NUMBER

C C00387357

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Russell M. Reid

Signature of Treasurer

Electronically Filed by Russell M. Reid

Date

M M / D D / Y Y Y Y
10 / 01 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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

ALBERT CHARLES WEED, II

Candidate

Office

Party Affiliation

Sought:

☒

House

Senate

President

State

VA

District

5

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

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 separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

 _____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

ALWEED2004

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

Mailing Address

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number

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

Russell M. Reid

Mailing Address

86 Rainbow Ridge Road**Faber****VA****22938**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Treasurer

Telephone number

434**- 361****- 1767**Full Name of
Designated
Agent**Patrick Hanberry**

Mailing Address

1129 Locust Ave**Charlottesville****VA****22901**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

434**- 970****- 2220**

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.

Mailing Address _____

_____-_____
CITY STATE ZIP CODE