

**FEC FORM 2
STATEMENT OF CANDIDACY**

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| | | | | | |
|--|--|---|--|--|--|
| 1. (a) Name of Candidate (in full) James Dixon Phillips | | | 2. Identification Number | | |
| (b) Address (number and street) 1006 Normandy Drive | | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Richmond, VA 23229 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation Democrat | 5. Office Sought House of Representatives | 6. State & District of Candidate Virginia 7th Congressional District | | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| |
|--|
| (a) Name of Committee (in full) Friends of Jim Phillips |
| (b) Address (number and street) P.O. Box 18002 |
| (c) City, State, and ZIP Code Richmond, VA 23226 |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

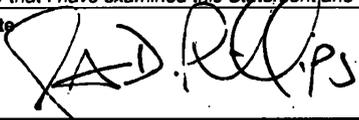
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|-------------------|
| Signature of Candidate  | Date 1/25/2012 |
|---|-------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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|---|---------------------------------|
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i> | Shipping Date <i>1/28/12</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/> | |
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1/30/12

PREPARER
(3/2005)

DATE PREPARED