FEC FORM 1	STATEMENT ORGANIZAT	_	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)		xample:If typing, type ver the lines.	12FE4M5
Northern Virginia	Republican Politica	al Action Comn	nittee
ADDRESS (number and street)	P.O. Box 5557		
(Check if address is changed)	Arlington		VA 22205 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	info@northernvirginiagop.c	om 	
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 12 / 3	D / Y Y Y Y 2021		
3. FEC IDENTIFICATION N	UMBER ► C C00334	417	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	nis Statement and to the best of m	y knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	r Parmelee, James, , ,		
Signature of Treasurer	elee, James, , ,	[Electronically Filed]	Date 12 30 / Y Y Y Y 2021
NOTE: Submission of false, erron	eous, or incomplete information may ANY CHANGE IN INFORMATION S		is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF (COMMITTEE
Candidat	e 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	L
Candidate Party Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	nmittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 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 Fun	draising 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.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

Treasurer

Northern Virginia Republican Political Action Committee

6. 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										
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.										
books and records.			on in possession of committee							
Parmelee,	James, , ,									
Parmelee,	James, , , P.O. Box 5557									
Parmelee, Full Name										
Parmelee, Full Name										

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).

703

Telephone number

502

0161

Full Name of Treasurer	Parmelee, James, , ,
Mailing Address	P.O. Box 5557
	Arlington
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 502 0161

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Full Name of Designated Agent																												
Mailing Address																												
	CITY													STA	ΛΤΕ				ZIF	D C	OD	Е						
Title or Position																												
													Tele	eph	one	e ni	umt	ber										

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.

M&T B	ank		
Mailing Address	14245-R Centreville Square		
		VA 20121	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY	STATE	ZIP CODE