

**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

GEORGE ALLEN HOE DOWN COMMITTEE

ADDRESS (Home and street)

131 TEMPLE LAKE DRIVE SUITE 1

(Check if address is changed)

COLONIAL HEIGHTS

VA

23834

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gthomson@goodmanco.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 / 20 / 2002

3. FEC IDENTIFICATION NUMBER ► C00371146

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 Gary Thomson

Signature of Treasurer Electronically Filed by Gary Thomson

Date 06 / 21 / 2002

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110**FEC FORM 1**
(Revised 1/2001)

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

Candidate

Office

State

Party Affiliation

Sought:

House

Senate

President

District

- (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

GOOD GOVERNMENT FOR AMERICA

Mailing Address

131 Temple Lake Drive

Suite 1

Colonial Heights VA 23834

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundrsng, Rep

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

GEORGE ALLEN HOE DOWN COMMITTEE

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 Abigail Farris

Mailing Address 1805 Monument Ave., Ste. 203

Richmond VA 23220 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian Telephone number 804 - 344 - 8081

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 Gary Thomson

Mailing Address 131 Temple Lake Dr.

Ste. 1

Colonial Heights VA 23834 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number - -

Full Name of Designated Agent Abigail Farris

Mailing Address 1805 Monument Ave., Ste. 203

Richmond VA 23220 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 804 - 344 - 8081

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.

Bank of America

Mailing Address

PO Box 27025

Richmond

VA

28261

-

CITY Δ

STATE Δ

ZIP CODE Δ

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 ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

George Allen Committee State PAC

Mailing Address

1905 Monument Ave., Ste. 203

Richmond

VA

23220

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundrsng. Rep

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____