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FEC

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2008 FEB 11 AM 11: 08

FORM 1 Office Use Only 1. NAME OF Example: If typing, type (Check if name 12FE4M5 **COMMITTEE** (in full) is changed) over the lines. IFRIENDS, OF DREW Richardson ADDRESS (number and street) (Check if address is changed) 14, VI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS 1 i.w.f. 0,0,0, &, R, e, w, R, i, c, k, a, R, &, s, 0, M, 2, 0, 0, 8, , , C, 0, M COMMITTEE'S WEB PAGE ADDRESS (URL) Rewarinchairidision N2010, 81. Com **COMMITTEE'S FAX NUMBER** 15,4,01-19,0,41-11,3,0,81 09 2008 2. DATE C FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT 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 Signature of Treasurer 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 For further information contact: **FEC FORM 1** Federal Election Commission Use Toll Free 800-424-9530 (Revised 02/2003) Only

Local 202-694-1100

FEC Form 1 (Revised 02/2003)		Page 2
. TYPE OF COMMITTEE (Check One)		
(a) This committee is a principal ca	impaign committee. (Complete the candida	ate information below.)
(b) This committee is an authorized information below.)	I committee, and is NOT a principal campa	algn committee. (Complete the candidate
Name of Candidate	L, h, a, a, d, s, o, N,	
Candidate DEM Office Party Affiliation	e House Senate	State VA President District
(c) This committee supports/oppose	es only one candidate, and is NOT an auti	horized 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 se	agregated fund.	
(f) This committee supports/oppose committee.	es more than one Federal candidate, and i	is NOT a separate segregated fund or party
. Name of Any Connected Organization or A	filiated Committee	
Mailing Address		
:	CITY A	STATE ▲ ZIP CODE ▲
Relationship 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Type of Connected Organization:		
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative
		

Write or Type Committee Name							
7.	Custodian of Records: Identification books and records.	Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.					
	Full Name	M I C. Richardson	<u>, , , , , , , , , , , , , , , , , , , </u>				
	Mailing Address	PO BOX 1917					
			<u> </u>				
		[S, +, a, v, N, +, 0, N, , , , , , , ,	[Y	1 2,4,4,0	3-[191]		
	Title or Position▼	CITY ▲	STATE	i ▲ ZII	P CODE A		
	[C, a, N, A, 1, A, a, +, e,		Telephone number	<u>[5,4,0]-[9,0</u>	18,0,6,1]-14,0		
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number – optional) of th assistant treasurer).	e treasurer of the comm	ittee; and the name	e and address of		
	Full Name of Treasurer	(, , ,H,o,w,e,1,1, , , , , , ,		11111			
	Mailing Address	P. O. BOX 119117					
		[Sitialumition]	ليلا ليبي	A 2,4,4,0	1917		
	Title or Position▼	CITY ▲	STATE	E ▲ ZI	P CODE A		
	[T,R,e,a,S,U,R,e,R,		Telephone number	5,401-19,0	241-[1,3,0,8]		
	Full Name of Designated Agent	n, M, Shares					
	Mailing Address	[P. 0. BOX 1911]		11111			
				11111			
		[Sitian wition]	<u> </u>	A 2,4,4,0	13-[19,17]		
	Title or Position▼	CITY ▲	STATE	E ▲ ZI	P CODE A		
	Assistant	17,R18, a15,01R18, R1	Telephone number	S401-19,0	0,41-[1,3,0,8]		

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.

BAN	K OF AM	ERILCA	<u> </u>	
Mailing Address	11, West,	FREdicial	15 1- 1 1 1 1	
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		CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository	, etc.			
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Mailing Address		1 1 1 1 1 1 1 1 1 1		
			<u> </u>	
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		CITY A	STATE ▲	ZIP CODE A

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	rmation™ Label
USPS Express Mail	Postmarked 2/9/08
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Jus	2/11/18
(3/2005)	DATE PREPARED