

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) DATE 10/1-00
 The Virginia Reform Party aka
 The Reform Party, Inc. The Reform Party
 of Virginia, The Virginia Independent Party.
 (b) Number and Street Address (Check if address is changed)
 P.O. Box 1061
 (c) City, State and ZIP Code
 Fieldale, Virginia, 24089
 2. FEC Identification Number
 C00317206
 3. Is This Report An Amendment?
 YES NO

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B. 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 Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Reform Party of the United States of America (RPUSA) C00331314	72 Fernwood Avenue Bartonsville, PA 18321 as of 3-27-00	NATIONAL PARTY

Type of Connected Organization
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (please number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Sue Harris DeBauche, Chair/Pres.	PO Box 1061 Fieldale, VA, 24089	Chair

8. Treasurer: List the name and address (please number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Ronn Young	P.O. Box 1061, Fieldale, VA 24089	TREASURER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, maintains deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
National Bank of Blacksburg 100 South Main Street Blacksburg, VA 24060	PO Box 90002 Blacksburg, VA. 24062-9002

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 Ronn Young	SIGNATURE OF TREASURER 	DATE 10/1-00
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NOTE: Submission of false, fraudulent, or incomplete information is a crime. The person signing this Statement is the person in the position of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION MUST BE REPORTED WITHIN 45 DAYS.

FEC 1

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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gpc
PREPARER

10/20/00
DATE PREPARED