

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FRIENDS OF DEAN LONGO

ADDRESS (number and street) 5007 C VICTORY BLVD STE 105

(Check if address is changed)

YORKTOWN VA 23693

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

dean@deanlongo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.deanlongo.com

2. DATE 01 08 2012

3. FEC IDENTIFICATION NUMBER C

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 MARIROSE H BRASE

Signature of Treasurer [Signature] Date 01 08 2012

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.

Table with 5 columns and 1 row for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 DEAN LONGO

Candidate Party Affiliation REP Office Sought: House Senate President State VA District 03

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrar PAC.

- (f) 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
 2. _____ FEC ID number C
 3. _____ FEC ID number C
 4. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Grid lines for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Grid lines for Mailing Address

Grid lines for City, State, and ZIP Code

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Grid lines for Full Name

Mailing Address

Grid lines for Mailing Address

Grid lines for City, State, and ZIP Code

Title or Position

CITY

STATE

ZIP CODE

Grid lines for Telephone number

Telephone number

Grid lines for Telephone number

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

MARIROSE HENKELS BRASE

Mailing Address

114 CARMINE PLACE

Grid lines for Mailing Address

HAMPTON VA 23666

CITY

STATE

ZIP CODE

Title or Position

Grid lines for Telephone number

Telephone number

757-848-8098

12030704942

Full Name of Designated Agent

JOSHUA PATRICK THOMPSON

Mailing Address

11243 PALMERTON DRIVE

NEWPORT NEWS VA 23602-2020

CITY

STATE

ZIP CODE

Title or Position

Telephone number

757-660-1431

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.

OLD POINT BANK NATIONAL BANK

Mailing Address

11134 WARWICK BLVD

NEWPORT NEWS VA 23601-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030704943

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

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JMN
PREPARER
(3/2005)

1/17/12
DATE PREPARED

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