STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 FEB -1 P 2:15

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
DuVAL FOR CONGRESS

2. DATE
JAN. 26, 2000

(b) Number and Street Address ☐ (Check if address is changed)
24 ISLAND VIEW DRIVE

3. FEC Identification Number

(c) City, State and ZIP Code
NEWPORT NEWS VA 23602

4. Is This Report An Amendment?
☐ YES ☒ NO

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 Party Affiliation	Office Sought	State/District
BARRY E. DuVAL	REPUBLICAN	HOUSE OF REPRESENTATIVES	VA - FIRST

☐ (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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books or records.
Full Name: BARRY E. DuVAL
Mailing Address: 24 ISLAND VIEW DRIVE NEWPORT NEWS VA 23602
Title or Position: CANDIDATE

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: ALAN S. WITT
Mailing Address: 11742 JEFFERSON AVE. NEWPORT NEWS VA 23606
Title or Position: TREASURER

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.: CRESTAR
Mailing Address and ZIP Code: 12227 JEFFERSON AVE. NEWPORT NEWS VA 2360

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: ALAN S. WITT

SIGNATURE OF TREASURER: Alan O Witt

DATE: 1/27/00

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

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FEC FORM
(revised 4/E

Federal Election Commission

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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RB — PREPARER

2/1/00 — DATE PREPARED

(4/98)