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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Forbes for Congress 911 First Colonial Road ADDRESS (number and street) **STE 200** (Check if address is changed) Virginia Beach 23454-3111 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jenniferl@morganmeredith.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.randyforbes.com (Check if address is changed) DATE 2001 C00365692 FEC IDENTIFICATION NUMBER > 3. X 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. Mr. Todd Meredith Type or Print Name of Treasurer Mr. Todd Meredith [Electronically Filed] 02 08 2016 Signature of Treasurer Date 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 (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	te 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. (Con information below.)	nplete the candidate
Name of Candidate	J. Randy Forbes	
Candidate Party Affili	ation REP Office Sought: X House Senate President	State VA District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(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 con-	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Сс	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number	
4.		

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Write or Type Committee Nar		1 290 0
Forbes for Cor	naress	
	I Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in p	ossession of committee
Mr. Todo	d Meredith	1
	22780 Indian Creek Drive, STE 100	
Mailing Address		
	Sterling VA 20166-	6716
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		467 9341
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the r	ame and address of
Full Name Mr. Todo of Treasurer	d Meredith	
Mailing Address	22780 Indian Creek Drive, STE 100	
	Sterling VA 20166-	6716 -
Title or Position Treasurer		467 - 9341

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other De safety deposit boxes Name of Bank, Depo	oository, etc.	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	BB&T 1809 Greenbriar Parkway Chesapeake VA 23320	ZIR CODE
safety deposit boxes Name of Bank, Depo	BB&T 1809 Greenbriar Parkway Chesapeake VA 23320 CITY STATE	ZIP CODE
Safety deposit boxes Name of Bank, Deposit	Chesapeake CITY STATE Oository, etc.	ZIP CODE
Safety deposit boxes Name of Bank, Deposit	Dository, etc. BB&T 1809 Greenbriar Parkway Chesapeake CITY STATE COSITORY, etc.	ZIP CODE
Safety deposit boxes Name of Bank, Deposit Bank,	Chesapeake CITY STATE Oository, etc.	ZIP CODE
Safety deposit boxes Name of Bank, Deposit	Dository, etc. BB&T 1809 Greenbriar Parkway Chesapeake CITY STATE COSITORY, etc.	ZIP CODE
Safety deposit boxes Name of Bank, Deposit Bank,	Dository, etc. BB&T 1809 Greenbriar Parkway Chesapeake CITY STATE COSITORY, etc.	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DCF H Ž G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amendment to change districts and address.

Form/Schedule: Transaction ID: