

1.) CORPORATION NAME:

**Virginia Conservative Party**

DUE DATE: **7/30/2010**

SCC ID NO: **07113640**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**WILLIAM D PORTER**

**525 K E MARKET ST #329**

**LEESBURG, VA 20176**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 525K E MARKET ST #329

CITY/ST/ZIP: LEESBURG, VA 20176-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM D PORTER  
TITLE: DIRECTOR  
ADDRESS: 525 K E MARKET ST #329  
CITY/ST/ZIP/CO: LEESBURG, VA 20176-

OFFICER

DIRECTOR

NAME: DAVID JACKSON  
TITLE: TREASURER  
ADDRESS: 13448 LOYALTY RD.  
CITY/ST/ZIP/CO: LEESBURG, VA 20176-

OFFICER

DIRECTOR

NAME: RALPH AMBROSIO  
TITLE: VICE CHAIRMAN  
ADDRESS: 329 DUNLAP DR.  
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611-

OFFICER

DIRECTOR

NAME: JAMES TRAUTZ  
TITLE: CHAIRMAN  
ADDRESS: 20565 WARBURTON BAY SQ  
CITY/ST/ZIP/CO: STERLING, VA 20165-

OFFICER

DIRECTOR

NAME: NATALIE ARIAS  
TITLE: SECRETARY  
ADDRESS: 12020 MORNINGSTAR PL  
CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMMY PARADA DIRECTOR 13927 SAGEGROVE CIR MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL ARIAS DIRECTOR 12020 MORNINGSTAR PL LOVETTSVILLE, VA 20180-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY REES DIRECTOR 16690 WYATT'S WAY HUDDLESTON, VA 24104-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT JEFFERY DIRECTOR 2305 WHITETAIL CT. RESTON, VA 20191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILLIAM D PORTER	WILLIAM D PORTER, DIRECTOR	11/18/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.