DOMINION RESOURCES INC /VA/
Form 3
April 29, 2003

1. Name and Address of Reporting Person
   Allen, Susan B.
   100 Tredegar Street
   P. O. Box 26532
   Richmond, VA 23261
2. Date of Event Requiring Statement (Month/Day/Year)
   04/25/2003
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Issuer Name and Ticker or Trading Symbol
   DOMINION RESOURCES, INC. (D)
5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   (X) Director ( ) 10% Owner
   ( ) Officer (give title below) ( ) Other (specify below)
6. If Amendment, Date of Original (Month/Day/Year)
7. Individual or Joint/Group Filing (Check Applicable Line)
   (X) Form filed by One Reporting Person
   ( ) Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Beneficially Owned

1. Title of Security	2. Amount of Securities Beneficially Owned	3. Ownership Form: Direct(D) or Indirect(I)	4. Nature of

TABLE II -- Derivative Securities Beneficially Owned

1.Title of Derivative Security	2.Date Exercisable and Expiration Date (Month/Day/Year)		3.Title and Amount of Securities Underlying Derivative Security		4.Conver- sion or Exercise Price of Deri- vative Security	5.Own Form Deri Secu Dire Indi
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares		

Explanation of Responses:

SIGNATURE OF REPORTING PERSON
/s/ Karen W. Doggett

DATE
04/29/2003