

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF STAN TRAN

ADDRESS (number and street)

274 SOUTH MAIN STREET APT 38

(Check if address  
is changed)

PROVIDENCE

RI

02903

2952

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

STANTRANFORCONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.STANTRAN.US

2. DATE

03

25

2014

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

ALYSON CHATHAM

Signature of Treasurer

Date

03

25

2014

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  
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Only

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

FEC FORM 1  
(Revised 02/2009)

14031202030

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: STANFORD TRAN

Candidate Party Affiliation: REP      Office Sought:  House     Senate     President      State: RI      District: 01

- (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/Registrant 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

14031202031

Write or Type Committee Name

FRIENDS OF STAN TRAN

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

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

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

[Empty grid for full name]

Mailing Address

[Empty grid for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid for title or position]

Telephone number

[Empty grid 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

ALYSON CHATHAM

Mailing Address

274 SOUTH MAIN STREET APT 38

PROVIDENCE

CITY

RI

STATE

02903

ZIP CODE

2952

Title or Position

TREASURER

Telephone number

401

424

1880

14031202032

Full Name of Designated Agent

JOANNA CHATHAM

Mailing Address

274 SOUTH MAIN STREET APT 38

PROVIDENCE

CITY

RI

STATE

02903

12952

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

14031202033

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.

~~BB~~ BANK OF AMERICA

Mailing Address

RI 1-536-01-01 100 WESTMINSTER ST

PROVIDENCE

CITY

RI

STATE

02903

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

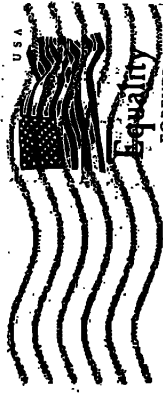
STATE

ZIP CODE

14031202034

tan Tran  
4 Preston St  
Providence RI 02906

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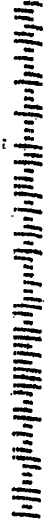


PROVIDENCE RI 0291

26 MAR 2014 PM 4 L

Federal Election Commission  
999 E Street, NW  
Washington DC 20463

20463



Federal Election Commission  
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USPS First Class Mail Postmarked  
3/26/14

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

3/31/14  
 DATE PREPARED

14031202035