PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ROLL ON COLUMBIA POLITICAL ACTION COMMITTEE PO BOX 2485 ADDRESS (number and street) (Check if address is changed) SPRINGFIELD 22152 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rolloncolumbia@concentricoffice.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00497578 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. Robert F. Carlin Type or Print Name of Treasurer Robert F. Carlin [Electronically Filed] 04 23 2015 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. FEC FORM 1

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

	EEC F -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		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
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

$\overline{}$			
FEC Form 1 (Revise	02/2009)		Page 3
Write or Type Committee Na			
ROLL ON CO	LUMBIA POLITICAL ACTI	ON COMMITTEE	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representative, or Leaders	ship PAC Sponsor
HASTINGS FOR CC	NGRESS CAMPAIGN COMMITTEE		
Mailing Address	PO BOX 2485		
	Springfield	VA 22152	
	CITY	STATE	ZIP CODE
books and records. Robert I Full Name	. Carlin		
Mailing Address	PO Box 2485		
,			
	Springfield	VA 22152	
Title or Position	CITY	STATE	ZIP CODE
Treasurer	Tele	ephone number 703	569 - 9481
Treasurer: List the name a any designated agent (e.g.	nd address (phone number optional) of the treas assistant treasurer).	surer of the committee; and the na	ame and address of
Full Name Robert F	Carlin		
Mailing Address	PO Box 2485		
	Springfield	VA 22152	1.1

CITY

STATE

Telephone number

703

ZIP CODE

9481

569

Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Deposit		
Name of Bank, Deposit	tory, etc. &T	
	tory, etc.	
ВВ	tory, etc. &T	
ВВ	&T	20006-1152
ВВ	&T	20006-1152 ZIP CODE
ВВ	&T 1909 K Street, NW Washington CITY STATE	
Mailing Address Name of Bank, Deposit	&T 1909 K Street, NW Washington CITY STATE	
Mailing Address Name of Bank, Deposit	&T 1909 K Street, NW Washington CITY STATE	
Mailing Address Name of Bank, Deposit	&T 1909 K Street, NW Washington CITY STATE tory, etc.	
Mailing Address Name of Bank, Deposit	tory, etc. &T 1909 K Street, NW Washington CITY STATE tory, etc. kima Federal Savings & Loan 3350 W. Clearwater Avenue	ZIP CODE
Mailing Address Name of Bank, Deposit	tory, etc. &T 1909 K Street, NW Washington CITY STATE tory, etc. kima Federal Savings & Loan 3350 W. Clearwater Avenue	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FRIENDS OF DOC HASTINGS PO BOX 2485 Mailing Address Springfield 22152 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number