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## STATEMENT OF

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**ORGANIZATION** 2014 JAN 27 AM 10: 06 FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name COMMITTEE (in full) is changed) over the lines. Hollingshead for Congress, LLC 604 South King Street, Suite 100A ADDRESS (number and street) (Check if address is changed) Leesburg ZIP CODE A CITY A STATE A COMMITTEE'S E-MAIL ADDRESS outsourcing@Aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2014 DATE FEC IDENTIFICATION NUMBER ▶ 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 David M Mason David M Mason 2014 Signature of Treasurer 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 Toll Free 800-424-9530 (Revised 06/2012) Only

Local 202-694-1100

FE	EC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE							
Candidate Committae:							
(a)	X	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 Stephen Hollingshead Candidate							
Candid	date Affiliatio	on REP Sought: House Senate President	State				
raity /	Aimaii	Sought. Sought. Sought	District 10				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate							
Party	/ Con	nmittee:	_				
(d)			mocratic, ublican, etc.) Party.				
Political Action Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:				
		Corporation Corporation w/o Capital Stock	abor Organization				
		Membership Organization Trade Association C	ooperative				
		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., noncomiected committee)					
		In addition, this committee is a Lebbyist/Rogistrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint	Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political				
	Cam	Committees Participating in Joint Fundraiser					
			<u> </u>				
	1.		· · · · · · · · · · · · · · · · · · ·				
	2.	FEC ID oumber					
	3.	FEC ID number	л_п_п_т_т_т_				
	4.						

FEC Form 1 (Revise	d 02/2009)		Page 3
Write or Type Committee Na			
Hollingshead f	or Congress, LLC		
	d Organization, Affiliated Committee,	Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE			
	<del>                                     </del>	<u> </u>	
Mailing Address		<del></del>	
Mailing Address		<del></del>	
		<del> </del>	
	CITY	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committe	loint Fundraising Penrosontative	Leadership BAC Spensor
Relationship.	teo Organization	e John Fundraising Representative	Leadership PAC Sporison
/. Custodian of Records: lo	dentify by name, address (phone number	er ontional) and nosition of the person	on in possession of committee
books and records.	remarks by Harrier, address (priorie Harrist	si optionally and position of the perso	or in possession of committee
1	1 Mason		
Full Name	205 Massachusetts Ave, NE		
Mailing Address	I		
	Washington	l DC , ,	20002-4913
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number 202	
<ol> <li>Treasurer: List the name a any designated agent (e.g.</li> </ol>	and address (phone number optional) ., assistant treasurer).	) of the treasurer of the committee; and	d the name and address of
Full Name David M	Mason		
of Treasurer			
or ireasurer			
Mailing Address	205 Massachusetts Ave, NE		
<del></del>	205 Massachusetts Ave, NE		
<del></del>	Washington		20002-4913
<del></del>		DC 1:	20002-4913 ZIP CODE

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
		,
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
<ol> <li>Banks or Other safety deposit be Name of Bank,</li> </ol>	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.  Depository, etc.	ccounts, rents
	PNC Bank	ليبيب
Mailing Address	606 South King Street	
	Leesburg VA 20175	
	CITY STATE ZIF	CODE
Name of Bank,	Depository, etc.	
Mailing Address		
		<b></b>
	CITY STATE ZIF	CODE

and other terms\_and/or conditions

010195101 1/10 PAC United Parcel Service, Louisville, KY

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(8/2013)

**PREPARER**