FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

FORM 1		ORGANIZATION		,	FEC MAIL CENTER
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Office Use Only
Sandra Ma	rshall 1	or Congress	1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 1 1 1 1 1	·
 Lititi					
ADDRESS (number a	nd street)	P.O. Box 4528			
(Check if ac is changed)		San Luis Obis	00	CA 1	93403 - 4528
		٠,	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one e Sandramarsha	-mail address) allcongress20,14(@gmail _r .c	;om, , , , , , , , , , , , , , , , , , ,
COMMITTEE'S WEB	address	RESS (URL) sandramarsh a	ıll.net		
2. date Ö 3	ື່19'	′ 2014 `			
3. FEC IDENTIFIC	CATION NU	MBER C to	be assigned		
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have e	xamined this	Statement and to the best	of my knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	Cole Eminger			
Signature of Treasure	or			Date Ö3 ^M	′ 19° ′ 20′14
NOTE: Submission of			may subject the person signing of the SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use			For further Information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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j.	TYPE OF C	OMMITTEE						
	Cendidate	te Committee:						
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.	1					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate					
	Name of Candidate	Sandra Marshall						
	Candidate Party Affiliati	on Dem Office Sought: House Senate President	State CA					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District (T. 1. s.					
	Name of Candidate							
	Party Con	nmittee:	-					
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Political A	ction Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a:					
	_	Corporation Wo 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 se committee. (i.e., nonconnected committee)	gregated fund or party					
		In addition, this committee is a Lebbyist/Rogistrant PAC.						
	•	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
٠	Joint Fund	Joint Fundraising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
	Com	mittees Participating in Joint Fundraiser						
	1.		un de regeration de la Compte de La compte de la Compte d					
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	2.	FEC ID number C						
	3.	FEC ID number C						
	4.	FEC ID number (C)						

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Write or Type Committee Na		•	
Sandra Marsha	II for Congress		
6. Name of Any Connected	d Organization, Affillated Committee, Joint Fu	undraising Representative	, or Leadership PAC Sponsor
· • • • • • • • • • • • • • • • • • • •			
	<u> </u>		<u> </u>
	<u> </u>	- - - - - - - - - - 	
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee	loint Fundraising Representa	ative Leadership PAC Sponsor
		•	_
 Custodian of Records: Id books and records. 	dentify by name, address (phone number opti	ional) and position of the p	erson in possession of committee
Colo	Emingor		•
Full Name	Eminger		
Mailing Address	1612 Lima Dr.		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	San Luis Obispo	CA	<u> </u> 93405
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	
	<u> </u>	·	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the , assistant treasurer).	treasurer of the committee;	and the name and address of
Full Name of Treasurer	Eminger		
Mailing Address	1612 Lima Dr.	<u></u>	
	San Luis Obispo	CAI	93405 -
Title on Dealther	CITY	STATE	ZIP CODE
Title or Position			

Telephone number

CITY

STATE

ZIP CODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

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Postmark Illegible	
No Postmark	,
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
gy .	3/26/14
PREPARER	DATE PREPARED
(8/2013)	