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09/08/2016 14 : 09

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## STATEMENT OF ORGANIZATION

| FORM 1   | C                  | RGANIZ                        |         | JN  |                    |             |             |            |                |              |      |
|--|--------------------|-------------------------------|---------|---|--------------------|-------------|-------------|------------|----------------|--------------|------|
| 1. NAME OF<br>COMMITTEE (in f                    |                    | (Check if name<br>is changed) |         | nple:If typing, ty<br>the lines.  | уре                | 12FE4       |             | fice Use O | ıly            |              |      |
| R4C16  |                    |                               |         |   | 1 1 1              |             |             |            |                | 1 1          | . I  |
|  |                    |                               |         |   |                    |             |             |            |                |              |      |
| ADDRESS (number and                              |                    | orida Ave., NW                |         |   |                    |             |             |            |                |              |      |
| (Check if ad is changed)                         | dress<br>Washin    | ngton<br>↓ ↓ ↓ ↓ ↓ ↓ ↓        |         |   |                    | DC<br>STATE | 200         |            | <br><br>IP COD | <br><br>₽E ▲ |      |
| COMMITTEE'S E-MAIL                               | _ ADDRESS          |                               |         |   |                    |             |             |            |                |              |      |
| (Check if ad<br>is changed)                      | dress john@        | 2r4c16.org                    |         |   |                    |             |             |            |                |              |      |
|  | Optiona            | I Second E-Mail Add           | dress   |   |                    |             |             |            |                |              | 1    |
|  |                    |                               |         |   |                    |             |             |            |                |              |      |
| COMMITTEE'S WEB F<br>(Check if ad<br>is changed) |                    | JRL)<br>ww.r4c16.org          |         |   |                    |             |             |            |                |              |      |
| 2. DATE 09                                       | / D D / Y<br>08    | 2016                          |         |   |                    |             |             |            |                |              |      |
| 3. FEC IDENTIFICA                                | TION NUMBER        | Cc                            | 0062550 | 9   |                    |             |             |            |                |              |      |
| 4. IS THIS STATEME                               | ENT × NEW          | V (N) <b>OR</b>               |         | AMENDED   | ) (A)              |             |             |            |                |              |      |
| I certify that I have exa                        | amined this Statem | ent and to the best           | of my k | nowledge and b  | pelief it is       | s true, co  | rrect and   | complete   | Э.             |              |      |
| Type or Print Name of                            | Treasurer John S   | tubbs                         |         |   |                    |             |             |            |                |              |      |
| Signature of Treasurer                           | John Stubbs        |                               |         | [Electronically Fil   | led]               | Date        | M M /<br>09 | 08         | / Y            | ү ү<br>2016  | Y    |
| NOTE: Submission of fa                           |                    | complete information          |         |   |                    |             |             | penalties  | of 2 U.S       | 3.C. §43     | 37g. |
| Office<br>Use<br>Only                            |                    |                               |         | For further inform<br>Federal Election C<br>Toll Free 800-424-<br>Local 202-694-110 | Commissior<br>9530 |             |             | FEC F      |                |              |      |

| -                     |  |
|-----------------------|--|
| FEC                   | Form 1 (Revised 02/2009) Page 2  |
| TYPE O                | F COMMITTEE  |
| Candic                | ate 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<br>Candidat   |  |
| Candidat<br>Party Aff |  |
| (C)                   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of<br>Candidat   | e  |
| Party C               | committee:   |
| (d)                   | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc.) Party.  |
| Politica              | Il 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 F               | undraising 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.         |
| C                     | ommittees Participating in Joint Fundraiser  |
| 1                     | FEC ID number  |
| 2                     | FEC ID number  |
| 3                     | . FEC ID number  |
| 4                     | . FEC ID number  |

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Write or Type Committee Name

## R4C16

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

| Mailing Address   |       |          |  |  |  |  |  |  |  |  |
|---|-------|----------|--|--|--|--|--|--|--|--|
|   |       |          |  |  |  |  |  |  |  |  |
|   |       |          |  |  |  |  |  |  |  |  |
|   | 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.

| John Stubb        | )S                          |
|-------------------|-----------------------------|
| Full Name         |                             |
| Mailing Address   | 1342 Florida Ave., NW       |
|                   |                             |
|                   | Washington     DC     20009 |
| Title or Position | CITY STATE ZIP CODE         |
| Treasurer         | 5646          5646          |

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<br>of Treasurer      | John Stubbs                   |
|--------------------------------|-------------------------------|
| Mailing Address                | 1342 Florida Ave., NW         |
|                                |                               |
|                                | Washington                    |
|                                | CITY STATE ZIP CODE           |
| Title or Position<br>Treasurer | Telephone number 202 276 5646 |

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| Full Name of<br>Designated<br>Agent |      |  | I | I |   | 1 |  |   |   |                |  |  | <br> |  |      |     |      |     |     |     |   |  | 1 |  |  |  |  |   |  |  |
|-------------------------------------|------|--|---|---|---|---|--|---|---|----------------|--|--|------|--|------|-----|------|-----|-----|-----|---|--|---|--|--|--|--|---|--|--|
| Mailing Address                     |      |  |   |   |   |   |  |   |   |                |  |  |      |  |      |     |      |     |     |     |   |  |   |  |  |  |  |   |  |  |
|                                     |      |  | L |   |   |   |  |   |   |                |  |  |      |  |      |     |      |     | 1   |     |   |  |   |  |  |  |  | 1 |  |  |
|                                     |      |  |   |   | 1 |   |  | 1 | 1 |                |  |  |      |  |      |     |      |     |     |     | 1 |  | L |  |  |  |  | I |  |  |
|                                     | CITY |  |   |   |   |   |  |   |   | STATE ZIP CODE |  |  |      |  |      |     |      |     |     |     |   |  |   |  |  |  |  |   |  |  |
| Title or Position                   |      |  |   |   |   |   |  |   |   |                |  |  |      |  |      |     |      |     |     |     |   |  |   |  |  |  |  |   |  |  |
|                                     |      |  |   |   |   |   |  |   |   |                |  |  |      |  | Tele | eph | ione | e n | uml | ber |   |  |   |  |  |  |  |   |  |  |

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.

| Wells F                   | argo            |          |          |          |
|---------------------------|-----------------|----------|----------|----------|
| Mailing Address           | 1447 P. St., NW |          |          |          |
|                           |                 |          |          |          |
|                           | Washington      |          | DC 20005 |          |
|                           | CITY            | <i>′</i> | STATE    | ZIP CODE |
| Name of Bank, Depository, | etc.            |          |          |          |
|                           |                 |          |          |          |
| Mailing Address           |                 |          |          |          |
|                           |                 |          |          |          |
|                           |                 |          |          |          |
|                           | CITY            | 1        | STATE    | ZIP CODE |

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: