

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Marc Harrold for Congress 2014

ADDRESS (number and street)

P.O. Box 3366

(Check if address  
is changed)

Oakton

VA

22124

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

info@marcharrold4congress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.marcharrold4congress.com

2. DATE

04<sup>M</sup> / 9<sup>D</sup> / 2014<sup>Y</sup>

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

Carey Shaw

Signature of Treasurer



Date

04<sup>M</sup> / 11<sup>D</sup> / 2014<sup>Y</sup>

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.

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

FEC FORM 1  
(Revised 02/2009)

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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 Marc Harrold

Candidate Party Affiliation LP Office Sought:  House  Senate  President State VA District 11

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate Marc Harrold

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

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Write or Type Committee Name

Marc Harrold for Congress 2014

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines 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 Marc Harrold

Mailing Address P.O. Box 3366

Oakton VA 22124

Title or Position

CITY

STATE

ZIP CODE

Candidate Telephone number 662-832-5309

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 CAREY SHAW

Mailing Address 10327 O'CONNELL COURT

MANASSAS VA 20110

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 703-330-3101

14031231602

Full Name of Designated Agent

[ ]

Mailing Address

[ ]

[ ]

[ ] - [ ]

CITY

STATE

ZIP CODE

Title or Position

[ ]

Telephone number

[ ] - [ ] - [ ]

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.

Capital One Bank

[ ]

Mailing Address

11873 Grand Commons Avenue

[ ]

[ ]

Fairfax

[ ]

VA

[ ]

22033

[ ] - [ ]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

N/A

[ ]

Mailing Address

[ ]

[ ]

[ ] - [ ]

CITY

STATE

ZIP CODE

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MIC Harold for Congress 2014  
P.O. Box 3366  
DARTON VA 22124



NO VA 220

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Federal Election Commission  
999 E Street, N.W.  
Washington DC  
20463

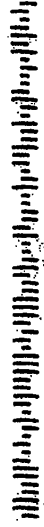
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


4/28/14  
**PREPARER** **DATE PREPARED**  
 (8/2013)

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