

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MARSHALL ADAME FOR CONGRESS COMMITTEE

ADDRESS (number and street) 1250 WESTERN BLVD, STE L2, PMB 112

(Check if address is changed)

JACKSONVILLE NC 28546-1

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) marshallforcongress@yahoo.com

Optional Second E-Mail Address marshall-adame@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) http://marshall4congress.com

2. DATE 11' 29' 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT XN 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 BETTY K SIMENSEN

Signature of Treasurer Betty K. Simensen Date 11' 29' 2013

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.

Table with 5 columns: Office Use Only, For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-694-1100, FEC FORM 1 (Revised 06/2012)

13031142643

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 MARSHALL ADAMS

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

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

Name of Candidate \_\_\_\_\_

**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
- 2. \_\_\_\_\_ FEC ID number
- 3. \_\_\_\_\_ FEC ID number
- 4. \_\_\_\_\_ FEC ID number

13031142644

Write or Type Committee Name

MARSHALL ADAME FOR CONGRESS COMMITTEE

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

BETTY SIMENSEN

Mailing Address

905 HAWKSBILL CT

NEWBERN

NC

28560

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

BETTY K SIMENSEN

Mailing Address

905 HAWKSBILL CT

NEWBERN

NC

28560

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

13031142645

Full Name of Designated Agent

REBECCA ADAME

Mailing Address

711 SHADOWRIDGE RD

JACKSONVILLE

CITY

NC

STATE

28546

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

910-353-0937

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

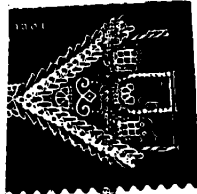
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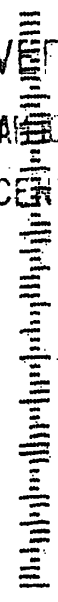
Betty Semensen  
205 Hawksbill Ct.  
New Bern, N.C.  
28560

Federal Election Commission  
999 E. Street NW  
Washington, D.C.  
20463

FAYETTEVILLE NC 283  
Coastal Carolina Area  
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**Federal Election Commission**  
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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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
<i>AM</i> PREPARER	12/9/13 DATE PREPARED

(8/2013)