Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AG AMERICA PO Box 3479 ADDRESS (number and street) (Check if address is changed) Glen Allen 23058 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS margee.clancy@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00567560 FEC IDENTIFICATION NUMBER > 3. X 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. BEN P CANNATTI Type or Print Name of Treasurer BEN P CANNATTI [Electronically Filed] 05 18 2015 Signature of Treasurer Date 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information)	ation holow)
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate Line In the second control of the second contro	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	(Dama ama')
(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 lin	ne 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 committee. (i.e., nonconnected committee)	separate segregated fund or party
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 procommittees/organizations, at least one of which is an authorized committee of a federa	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser	
1.	С
2 FEC ID number	С
3. FEC ID number	C
4. FEC ID number	C

Write or Type Committee Name AG AMERICA	•	Page 3
AG AMERICA		
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
		. _
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponso
Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in pos	session of committee
MARGEE C	LANCY	
Mailing Address	PO Box 3479	
S		
	Glen Allen VA 23058	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
3. Treasurer : List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nar sistant treasurer).	ne and address of
Full Name BEN P CAN of Treasurer	NATTI	
Mailing Address	PO Box 3479	
I		
1	Glen Allen VA 23058	
Title or Position Treasurer	CITY STATE	ZIP CODE

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Managent	IARGEE CLANCY	
Mailing Address	PO Box 3479	
	Glen Allen VA 23058 CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	r 	
safety deposit boxes Name of Bank, Depo	VELLS FARGO BANK	ds accounts, rents
safety deposit boxes Name of Bank, Depo	ository, etc.	ds accounts, rents
safety deposit boxes Name of Bank, Depo	os or maintains funds. NELLS FARGO BANK	ds accounts, rents
safety deposit boxes Name of Bank, Depo	VELLS FARGO BANK PO BOX 6995	ds accounts, rents
safety deposit boxes Name of Bank, Depo	PORTLAND CITY STATE	
safety deposit boxes Name of Bank, Depo	PORTLAND CITY STATE	
safety deposit boxes Name of Bank, Depo	PORTLAND CITY STATE	
Name of Bank, Depo	PORTLAND CITY STATE	
Name of Bank, Depo	PORTLAND CITY STATE	