Only

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STATEMENT OF **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. ProtectUS PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2016 C00592030 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Chris Marston Type or Print Name of Treasurer Chris Marston [Electronically Filed] 03 02 2016 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 Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	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. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	_
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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)	NZ.	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	gradated fund or party
(f)	X	committee. (i.e., nonconnected committee)	regated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		i aye 3
ProtectUS		
	Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY ST.	TATE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	lentify by name, address (phone number optional) and position of	f the person in possession of committee
Chris M	arston	
Full Name	PO Box 26141	
Mailing Address		
		'A , ,22313
	Alexandria	A 22313
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the com , assistant treasurer).	mittee; and the name and address of
Full Name Chris Ma	arston	
of Treasurer	PO Box 26141	
Mailing Address	<u> </u>	
		/A 22313 -
Title or Position	CITY STAT	TE ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Brenda Hankins	
Mailing Address	PO Box 26141	
	Alexandria VA 22313 CITY STATE Z	ZIP CODE
Title or Position Assistant Treasur	rer 	
	Demociación List all hando en other demociación in cultiple de conscitue deservir.	accounts rents
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holds tes or maintains funds. epository, etc. Chain Bridge Bank, N.A.	
safety deposit box Name of Bank, De	epository, etc.	
safety deposit box Name of Bank, Do	ces or maintains funds. epository, etc. Chain Bridge Bank, N.A.	
safety deposit box Name of Bank, De	ces or maintains funds. epository, etc. Chain Bridge Bank, N.A.	
safety deposit box Name of Bank, Do	Chain Bridge Bank, N.A. 1445-A Laughlin Ave McLean VA 22101	ZIP CODE
safety deposit box Name of Bank, Do	Chain Bridge Bank, N.A. 1445-A Laughlin Ave McLean VA 22101 CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Chain Bridge Bank, N.A. 1445-A Laughlin Ave McLean VA 22101 CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Chain Bridge Bank, N.A. 1445-A Laughlin Ave McLean VA 22101 CITY STATE	
Safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Chain Bridge Bank, N.A. 1445-A Laughlin Ave McLean VA 22101 CITY STATE	
Safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Chain Bridge Bank, N.A. 1445-A Laughlin Ave McLean VA 22101 CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make unlimited 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 committees 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: