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. Clean Slate Baltimore PAC PO Box 20519 ADDRESS (number and street) (Check if address is changed) Baltimore 21223 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@cleanslatebaltimore.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2015 C00592014 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. Layne Hockaday Type or Print Name of Treasurer Layne Hockaday [Electronically Filed] 12 08 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 Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	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	ty Con	nmittee:	
(d)		(National, State	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 conn	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)	<b>\</b> 2	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	aregated fund or party
(f)	X	committee. (i.e., nonconnected committee)	grogatou iuilu oi party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	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 Nam		<b>J</b>
Clean Slate Ba		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
1		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
_		
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
books and records.	ntify by name, address (phone number optional) and position of the person in po	osessiui ui committee
Full Name	,PO Box 20519	
Mailing Address		
	Baltmore MD21223	
	Baltmore MD 21223	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	656 8530
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name Layne Hoo	ckaday	
of Treasurer	PO Box 20519	
Mailing Address		
	Baltmore   MD    21223	, ,  _
	CITY STATE	ZIP CODE
Title or Position Treasurer		656

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
<ul> <li>Banks or Other Do safety deposit boxe</li> <li>Name of Bank, Dep</li> </ul>	Depositories: List all banks or other depositories in which the committee deposits funds, hes or maintains funds.  Expository, etc.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.	
safety deposit boxe Name of Bank, Dep	Bank of America	
safety deposit boxe Name of Bank, Dep	Bank of America  100 N Tryon St  Charlotte  CITY  STATE	
safety deposit boxe Name of Bank, Dep  Mailing Address	Bank of America  100 N Tryon St  Charlotte  CITY  STATE	
safety deposit boxe Name of Bank, Dep  Mailing Address	Bank of America  100 N Tryon St  Charlotte  CITY  STATE	
safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Bank of America  100 N Tryon St  Charlotte  CITY  STATE	
safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Bank of America  100 N Tryon St  Charlotte  CITY  STATE	