

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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2015 JUN 15 10 40
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Strait For Congress

ADDRESS (number and street)

717 Addison Rd S



(Check if address is changed)

Capitol Heights

CITY ▲

MD

STATE ▲

20743

3259

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

terstr@gmail.com

Optional Second E-Mail Address

HUDSON1066@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

06 / 02 / 2015

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

Crystal Hudson

Signature of Treasurer

Date

06 / 02 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

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

Crystal Hudson

Mailing Address

PO Box 817

Rising Sun

MD

21911

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

410

652

2227

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

Crystal Hudson

Mailing Address

PO Box 817

Rising Sun

MD

21911

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

410

652

2227

Vertical text on the left margin: 11/11/11

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Bank of America

Mailing Address

5800 Martin Luthur King Jr Highway

[Grid for Mailing Address Line 2]

Seat Pleasant MD 20743

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

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PO Box 817
Pising Sun, MD 21911

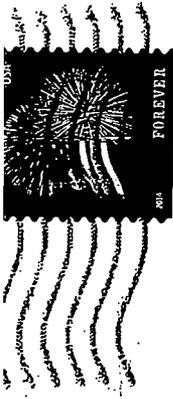
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999 E St NW
Washington, D.C. 20463



20463

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 House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

6/15/15
DATE PREPARED

COUNTY | STATE | ZIP