FEC FORM 1		ATEMEN RGANIZA		RECE 2012 JAN 10 FEC MAN						
1. NAME OF COMMITTEE (in		heck if name changed)	Example: If typing, type over the lines.	12FE4M5						
Roll On Co	lumbia Polit	ical Action	Committee							
ADDRESS (number ar	d street)	Box 2485								
(Check if ac is changed)	dress	gfield		VA 22	152					
		CI	ТҮ	STATE	ZIP CODE					
COMMITTEE'S E-MA	address	-	ail address)	ice.com						
	PAGE ADDRESS (UR			<u></u>	• • •					
(Check if a is changed	ddress									
2. DATE 01	ý 5 ° (20	12								
3. FEC IDENTIFIC	ATION NUMBER	C004	497578							
4. IS THIS STATEM		N) OR	AMENDED (A)							
I certify that I have e	camined this Statemen	t and to the best o	f my knowledge and belief it	is true, correct and	complete.					
Type or Print Name of	f Treasurer Rob	ert F. Car	lin							
Signature of Treasure	Rober	t 2.Ca	rlin	Date 01 ′	05 2012					
NOTE: Submission of t			ay subject the person signing the subject the person signing the second se		penalties of 2 U.S.C. §437g.					
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)					

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5.	TYPE	E OF CO	DMMITTEE											
	Cen	didate 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 Cand													
	Cand Party	idate Affiliatio	on Con State Sought: House Senate President District											
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.											
	Name Candi													
	Part	y Com	mittee:											
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.											
	Polit	tical Ad	ction 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											
			Membership Organization Trade Association Cooperative											
			In addition, this committee is a Lobbyist/Registraot 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/Registrani PAC.											
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)											
	Joint	t Fund	raising 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 fedoral eandidate.											
	(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.											
		Comr	nittees Participating in Joint Fundraiser											
		1.												
		••												
		2.												
		3.												

4. _____ FEC ID number C

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Write or Type Committee Name

Roll On Columbia Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

DocHastings		
Mailing Address	P.O. Box 2926	
	Pasco	
	CITY STATE ZIP CODE	
Relationship:	Drganization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp	onsor

 Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	rt F. Carlin		
Mailing Address	P.O. Box 2485		
	Springfield		22152
Title or Position	CITY	STATE	
Treasurer		Telephone number 703	

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	rt F. Carlin
Mailing Address	Ρ.Ο. Βοχ 2485
	Springfield
	CITY STATE ZIP CODE
Title or Position	Telephone number 703 - 569 - 9400

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Full Name of Designated Agent			I		I					 . 1.							1									1			1							
Mailing Address				L	1			<u>1</u> .		 _1_			I	1.	L		1.				1	1	1		i		_1_		1		. 1		1	1		
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				-							CI	ΤY										\$	ST/	ATE						Z	IP	co	DE			

Telephone number

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S. C. S.

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bran	ch Banking & Trust Company		
Mailing Address	1909,K,Street		
	Washington,	DC 200	06,
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmárked **USPS First Class Mail** 6 Postmarked (R/C) **USPS Registered/Certified** Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPA (3/2005)

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