

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CAPE FOX PROFESSIONAL LICENSE

ADDRESS (number and street)

7058 INFANTRY RIDGE RD

(Check if address is changed)

MANASSAS

CITY ▲

VA

STATE ▲

20109

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

YES0001@GMX.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.fcc.com

2. DATE

07 / 24 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00622266

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 MARIE DAVIS

Signature of Treasurer

MARIE DAVIS

[Electronically Filed]

Date

08 / 10 / 2016

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.

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

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(Revised 06/2012)