PAGE 1 / 4 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. National Campaign 1201 N ORANGE ST STE 700 #7427 ADDRESS (number and street) (Check if address is changed) WILMINGTON 19801 DE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS annmattson998@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) National-campaign.org (Check if address is changed) DATE 2015 C00563759 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. Ann Mattson Type or Print Name of Treasurer Ann Mattson [Electronically Filed] 06 12 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 Only

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information)	ation holow)
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate Line In the second control of the second contro	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	(Dama ama')
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	ne 6.) Its connected 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) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federa	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	С
2 FEC ID number	С
3. FEC ID number	C
4. FEC ID number	C

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Write or Type Committee Name	,	- J
National Campa	ijan	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponson
 Custodian of Records: Identification books and records. 	rify by name, address (phone number optional) and position of the person in p	ossession of committee
Ann Mattso	n	
Full Name	1201 N ORANGE ST STE 700 #7427	
Mailing Address		
	WILMINGTON DE 19801	
Title or Position	CITY STATE	ZIP CODE
Treasurer		314 - 3658
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the issistant treasurer).	name and address of
Full Name Ann Mattso	n	
of Treasurer	1201 N ORANGE ST STE 700 #7427	
Mailing Address		
	WILMINGTON DE 19801	
Title or Position Treasurer	CITY STATE Telephone number 302	ZIP CODE 314 3658

I LU FUIII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Tiste on Decision	CITY STATE	ZIP CODE
Title or Position		
salety deposit bo	oxes or maintains funds.	
Name of Bank, [Depository, etc. Bank of America 100 N. Tryon St.	
	Depository, etc. Bank of America	
Name of Bank, [Depository, etc. Bank of America	
Name of Bank, [Depository, etc. Bank of America 100 N. Tryon St. Charlotte NC 28202	ZIP CODE
Name of Bank, [Depository, etc. Bank of America 100 N. Tryon St.	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	