FEC FORM 1	STATEMEI ORGANIZ		RECEIVED 2011 DEC 13 PM 12: 27 FECOMALLOGENTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
BRINKLEY	FOR CONGR	ESS	
			└──┴──┴──┴──┴──┴──┴──┴──┴──┴──┴──┴
ADDRESS (number and street)	18,9,23, FING	ERBORKD RD	
(Check if address is changed)	FREDERICK		MD [
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS (Please provide only one e	-mail address)	
(Check if address is changed)		NKLEYFORCO	ngagess.com
COMMITTEE'S WEB PAGE A	DDRESS (URL)		
(Check if address is changed)	www.brink	1 ley for con	
2. DATE	2 2011		
3. FEC IDENTIFICATION N		รีสมาย รัง เราะ ราย (สามารถ โตรง เราะ ราย (สามารถ (สามารถ สามารถ (สามารถ (
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	、 、
I certify that I have examined	this Statement and to the bes	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasu	er Michael A. M	c Ginley	
Signature of Treasurer	Tichal A Mel	29	Date 1,2 12 2011
NOTE: Submission of false, erro	•	may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. /ITHIN 10 DAYS.
Ottion		For further information	

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FEC Form 1 (Revised 02/2009)	FEC	Form	1 ((Revised	02/2009))
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Cen	didate	Committee:
(a)	Y	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	Ļ	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
		DAVID ROSS BRINKLETY
		Office State
(c)	Ũ	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Party	y Com	imittee:
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	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 Labor Organization
		Membership Organization Trade Association Cooperative
		In additien, this committee is a Lobbyist/Registrant 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/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	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 federal cardidate.
(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.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	
		Representation and the second se
	З.	
	Cand (a) (b) Name Cand Party (c) Name Cand (c) Party (d) Polit (e) (f)	(b)

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Write or Type Committee Name

6. Name of Any Connected C	Drganization, Affiliated Committee, Joint	Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship:	d Organization	Joint Fundraising Representative	Leadership PAC Sponsor
		ntionally and position of the series	
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number o	ptional) and position of the person	in possession of committee
	hael Andrew Me	Giver 1	
Mailing Address	13G5 W Ratnicks	T	
-	F		
	FREAERICK		21.70./]-
Title or Position	CITY	STATE	ZIP CODE
TIT POSULIER		Telephone number 3.0.1	- 694-74/
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of th assistant treasurer).	e treasurer of the committee; and	the name and address of
Full Name of Treasurer	ael Andrew Mag	hley	<u> </u>
Mailing Address	365 W. Patrick	Still Hard	
	FREDERFICK		
Title or Position			1-16941-1741/

FEC Form 1 (Revised 02/2009)

Title or Position			L	 	1		·]		 						-	Tele	epho	one	nı	umb	er		L	_L	L]-	L	<u> </u>	1]-	L_	L	<u>i</u>
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Mailing Address			L	 					 _						.1					1	1						1		4	1	L1		
Full Name of Designated Agent	L	<u> </u>		 		_1_		_1	 	_1_	_	_1	_1			_ _			.1	<u> </u>	4	1		_ _		_1	_ _	_ _	1	1	L1		

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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.

ORIR	STOWN BANK		
Mailing Address	11020 Propessional Co	purtt.	<u> </u>
	Magerstown		21740
	CITY	STATE	ZIP CODE
Name of Bank, Depository	etc.		
L			
Mailing Address			<u></u>
			<u> </u>
	CITY	STATE	ZIP CODE

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signa	ature Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	•
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
h	12/13/11
PREPARER (3/2005)	DATE PREPARED