

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

SECRETARY OF THE SENATE

15 MAR -6 PM 12:30

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Van Hollen for Senate

ADDRESS (number and street) 10605 Concord St  
(Check if address is changed) Suite 202  
. Kensington . MD . 20895  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
(Check if address is changed) stacey@vanhollen.org  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
(Check if address is changed) http://www.vanhollen.org

2. DATE 03 04 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 Stacey Maud

Signature of Treasurer Stacey Maud  Date 03 05 2015

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 Use Only

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

**FEC FORM 1**  
(Revised 06/2012)

15020108900

5. TYPE OF COMMITTEE

**Candidate 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 of Candidate

Chris Van Hollen

Candidate Party Affiliation	DEM	Office Sought:	House	<input checked="" type="checkbox"/>	Senate	President	State	MD
							District	00

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

\_\_\_\_\_

**Party Committee:**

- (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 line 6.) Its connected organization is a:
 

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, 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 Fundraising 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 candidate.
- (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.

**Committees Participating in Joint Fundraiser**

- |    |       |               |   |
|----|-------|---------------|---|
| 1. | _____ | FEC ID number | C |
| 2. | _____ | FEC ID number | C |
| 3. | _____ | FEC ID number | C |
| 4. | _____ | FEC ID number | C |

15020108901



Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty 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.

M&T Bank

[Empty grid for M&T Bank name]

Mailing Address

10420 Montgomery Ave

[Empty grid for Mailing Address line 2]

Kensington MD 20895

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Eagle Bank

[Empty grid for Eagle Bank name]

Mailing Address

8665 Georgia Ave

[Empty grid for Mailing Address line 2]

Silver Spring MD 20910

CITY

STATE

ZIP CODE

15020108903

JULIE ADAMS  
SECRETARY

DANA K. MACCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

**3-6-15**

Date of Receipt

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USPS EXPRESS MAIL

Postmark

### OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE      NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

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UPS

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AIRBORNE EXPRESS

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RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

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POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

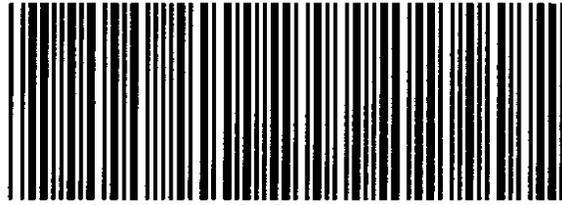
PREPARER

**DH**

DATE PREPARED

**3-6-15**

15020108904



SEN PATCH



SEN PATCH

15020108905