

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 MAY 5 AM 7:15

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.



CENTER

MARSHALL ADAME FOR CONGRESS COMMITTEE

ADDRESS (number and street)

1250 WESTERN BLVD, STE-L2, #112

(Check if address is changed)

JACKSONVILLE

CITY ▲

NC

STATE ▲

28546

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

MarshallForCongress@yahoo.com

Optional Second E-Mail Address

marshalladame@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://democracy.com/MarshallAdameForCongress/default.aspx

2. DATE

04 / 24 / 2014

3. FEC IDENTIFICATION NUMBER ▶

C00552943

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

MARY E. TRACY

Signature of Treasurer

Mary E. Tracy

Date

04 / 24 / 2014

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

FEC FORM 1 (Revised 06/2012)

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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 MARSHALL ADAME

Candidate Party Affiliation DEM REP IND OTH

Office Sought: House Senate President

State AL AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (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:
 - 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 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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

MARY E TRACY

Mailing Address

100 ALLEN PLACE

JACKSONVILLE

NC

28546

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

910-353-5268

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

MARY E TRACY

Mailing Address

100 ALLEN PLACE

JACKSONVILLE

NC

28546

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

910-353-5268

14031232957

X

X

Full Name of Designated Agent

REBECCA ADAME

Mailing Address

711 SHADOWRIDGE RD

JACKSONVILLE

CITY

NC

STATE

28546-7901

ZIP CODE

Title or Position

DEPUTY TREASURER

Telephone number

910-353-0955

14031232958

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.

THE LITTLE BANK

Mailing Address

1101 WEST VERNON AVENUE

KINSTON

CITY

NC

STATE

28501-

ZIP CODE

Name of Bank, Depository, etc.


Mailing Address

CITY

STATE

ZIP CODE

14031232959



A black and white portrait of Marshall Adame, a man with glasses, wearing a suit and tie, with his arms crossed. He is positioned in the center of the advertisement.

A
D
A
M
E

CONGRESS

2014

NC must dare to change in 2014

www.marshalladame.com

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A
Marshall Adame
711 Shadowridge Rd.
Jacksonville, NC 28546

F

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Apr 26 2014
Mailed from ZIP 28546



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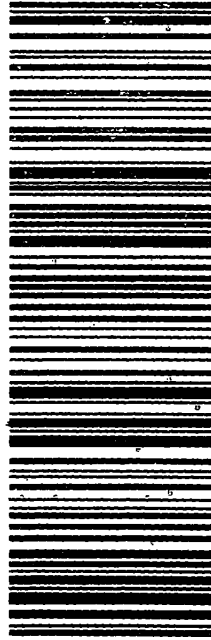
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IRSHALL ADAME FOR CONGRESS
IRSHALL ADAME
11 SHADOWRIDGE RD.
JACKSONVILLE NC 28546

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SHIP FEDERAL ELECTION COMMISSION
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WASHINGTON DC 20463

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2014 MAY -5 AM 7:15

FEC MAIL CENTER

**Federal Election Commission,
999 E Street, NW,
Washington, DC 20463**

* 1 AMENDED

Federal Election Commission
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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

5/5/14
DATE PREPARED

14031232961