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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Jump into Action for Conservatives to Keep our Ideas Elevated PAC PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2015 C00582726 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. Chris Marston Type or Print Name of Treasurer Chris Marston [Electronically Filed] 80 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 Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e 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. (Cor	
Name of Candidate	information below.)	
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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	FEC Form 1 (Revised Control or Type Committee Name		Page 3
		n for Conservatives to Keep our Ideas Elev	ated PAC
6.	•	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	
	•		p rao oponsoi
J	ackie Walorski Swiha	art	
	Mailing Address	59555 County Rd 3	
		Elkhart IN 46517	
		CITY STATE Z	IP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative X Lead	dership PAC Sponsor
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
	Chris Mars	ston	1
	Full Name	PO Box 26141	
	Mailing Address		
		Alexandria VA 22313	
	Title or Position	CITY STATE Z	IP CODE
	Treasurer	Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
	Full Name Chris Mars of Treasurer	ton	
	Mailing Address	PO Box 26141	
		Alexandria VA 22313	
	Title or Position Treasurer		IP CODE
ı		Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit bo Name of Bank, I		
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean VA 22101	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	ZIP CODE