Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Committee to elect Marky for Prez 12386 Orchard Street ADDRESS (number and street) Apt/Suite (Check if address is changed) Locust Grove 22508 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS complinitor@gmail.com (Check if address is changed) Optional Second E-Mail Address complinitor@verizon.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2015 C00583930 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. Mrs Dawn Michelle Wimmer Type or Print Name of Treasurer Mrs Dawn Michelle Wimmer [Electronically Filed] 80 20 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

Local 202-694-1100

	FEC Fo	rm 1 (Ravisad 02/2000)	Page 2				
		rm 1 (Revised 02/2009) OMMITTEE	raye Z				
		e Committee:					
(a)	X	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.)					
Nam Cand	e of didate	Mr. Mark David Wimmer					
	didate / Affiliati	on NPA Office Sought: House Senate X President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)		nis committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party mmittee. (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.)					
Join	t Fund	Iraising 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.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC Form 1 (Revis	sed 02/2009)	 Page 3
Write or Type Committee N		, ago o
The Committe	ee to elect Marky for Prez	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
I	Dawn Michelle Wimmer	
Full Name Mailing Address	12386 Orchard Street	
	Locust Grove VA	22508
Title or Position	CITY STATI	E ZIP CODE
	Telephone number	
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	nittee; and the name and address of
Full Name Mrs D of Treasurer	awn Michelle Wimmer	
Mailing Address	12386 Orchard Street	
	Locust Grove VA	22508
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

FEC Form 1 (Revised	02/2009)	Page 4
Full Name of Designated Mr. Mark D	avid Wimmer	
Mailing Address	12386 Orchard Street	
	Locust Grove VA 22508 CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or maint Name of Bank, Depository, e HSBC Mailing Address		
	CITY STATE	ZIP CODE
Name of Bank, Depository, e	tc.	
Mailing Address		
	CITY STATE	ZIP CODE