

RECEIVED
SECRETARY OF THE SENATE
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12 FEB -6 AM 10:45

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BOB MARSHALL FOR SENATE, INC.

ADDRESS (number and street)

7930 WILLOW POND COURT

(Check if address
is changed)

MANASSAS

VA

20111

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

NDLALLI@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

01 13 2012

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

MARY ROSE LALLI

Signature of Treasurer

Mary Rose Lalli

Date

01 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9457g.

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 02/2009)

12020150006

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: ROBERT G. MARSHALL

Candidate Party Affiliation: REP Office Sought: House Senate President State: VA District:

(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 5.) Its connected organization is:

- 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

Table with 4 rows and 2 columns: Row number, FEC ID number. All entries in the second column are 'C'.

12020160007

Write or Type Committee Name.

BOB MARSHALL FOR SENATE, INC.

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

[Empty grid for organization name]

Mailing Address

[Empty grid 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 ROSE LALLI

Mailing Address

8066 STILLBROOKE ROAD

MANASSAS

VA

20112

4606

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

703

966

0195

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 ROSE LALLI

Mailing Address

8066 STILLBROOKE ROAD

MANASSAS

VA

20112

4606

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

703

966

0195

12020150003

Full Name of Designated Agent

Mailing Address

Title or Position

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.

BB&T BANK

Mailing Address

13414 DUMFRIES ROAD

MANASSAS

VA

20112

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12020150000

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 FEB -6 AM 10:46

English Customer Service USPS Mobile

HI, MARY



Search USPS.com or Track Packages

Quick Tools Ship a Package Send Mail Manage Your Mail Shop Business Solutions

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GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
9410803699300027339543 <small>www.usps.com/trackedelivery or calling 800-ASK-USPS, or may pick up the item at the Post Office indicated on the notice. If this item is unclaimed after 15 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.></small>	Priority Mail®	Notice Left	January 26, 2012, 8:32 am	ALEXANDRIA, VA 22301	Signature Confirmation™ Proof of Delivery
		Processed through USPS Sort Facility	January 26, 2012, 12:20 am	MERRIFIELD, VA 22081	
		Depart USPS Sort Facility	January 26, 2012	MERRIFIELD, VA 22081	
		Processed at USPS Origin Sort Facility	January 25, 2012, 10:12 pm	MERRIFIELD, VA 22081	
		Accepted at USPS Origin Sort Facility	January 25, 2012, 8:57 pm	MANASSAS, VA 20112	
		Electronic Shipping Info Received	January 20, 2012		

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12020160100

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

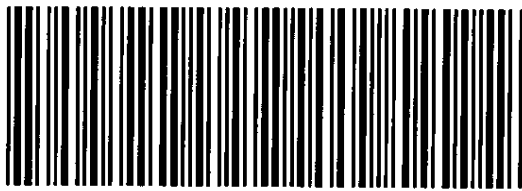
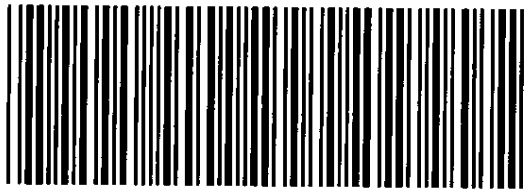
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PREPARER RD DATE PREPARED 02-06-12

12020160101



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