

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

FEC MAIL CENTER

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

12FE4M5

MARK ARNESS COMMITTEE TO ELECT FOR CONGRESS

ADDRESS (number and street)

2874 IVORYLN

(Check if address is changed)

PORT REPUBLIC

MD

20676

2054

CITY

STATE

ZIP CODE

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

(Check if address is changed)

markk.arness@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

arnessforcongress.com

2. DATE

02<sup>nd</sup> 28<sup>th</sup> 2014

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

MILA K. ARNESS

Signature of Treasurer

*Mila K. Arness*

Date

02<sup>nd</sup> 28<sup>th</sup> 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

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

FEC FORM 1 (Revised 02/2009)

14031192157

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 MARK KENNETH ARNESS

Candidate Party Affiliation REP Office Sought:  House  Senate  President State MD District 05

- (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 **C**
2. \_\_\_\_\_ FEC ID number **C**
3. \_\_\_\_\_ FEC ID number **C**
4. \_\_\_\_\_ FEC ID number **C**

14031192158

Write or Type Committee Name

MARK ARNESS COMMITTEE TO ELECT FOR CONGRESS

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

MARK KENNETH ARNESS

Mailing Address

2874 IVORY LN

PORT REPUBLIC

MD

20676

2054

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number

240

498

2514

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

MILA KAROLINA ARNESS

Mailing Address

2874 IVORY LN

PORT REPUBLIC

MD

20676

2054

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

240

498

3029

14031192159

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.

PNC BANK [Empty grid]

Mailing Address

155 WEST DARES BEACH RD [Empty grid]

[Empty grid for Mailing Address line 2]

PRINCE FREDERICK [Empty grid] MD [Empty grid] 20678 [Empty grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

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

14031192160

14031192161



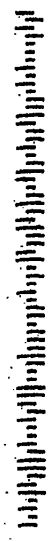
Mr. Mark Arness  
2874 Ivory Lane  
Port Republic, MD 20676  
Chesapeake Bay Foundation



CAPITAL DISTRICT SUBURBS  
01 MAR 2014 PM 4 L

RECEIVED  
2014 MAR -5 AM 9:08  
FEC MAIL CENTER

FEDERAL ELECTION COMMISSION  
799 E ST. NW  
WASHINGTON, DC 20463



20463

Federal Election Commission  
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USPS First Class Mail Postmarked  
3/1/14

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

Received from House Records & Registration Office Date of Receipt

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

3/5/14  
 DATE PREPARED

14031192162