## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. BigBlueDareToCare 4700 Schooner Blvd. ADDRESS (number and street) 6269C Everets Road (23434) (Check if address is changed) Suffolk 23435 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BigBlueDareToCare@gmail.com (Check if address is changed) Optional Second E-Mail Address kirkprevattefoundation@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00620492 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. Ms. Elizabeth Anne Kirk Type or Print Name of Treasurer Ms. Elizabeth Anne Kirk [Electronically Filed] 06 2016 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 Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ittee. (Complete the candidate
Name of Candidate Ms. Elizabeth Anne Kirk	
Candidate Office Party Affiliation SED Sought: House Senate X Pr	State
Tarty Annianon Sought. House Seriale 7.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	nmittee.
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	e 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 s committee. (i.e., nonconnected committee)	separate segregated fund or party
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 procommittees/organizations, at least one of which is an authorized committee of a federal of the committee of a federal of the committee of	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	C
2.	C
3. FEC ID number	C
4.	C

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Write or Type Committee Name	
BigBlueDareToCare	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in po books and records.</li> </ol>	ssession of committee
Ms. Elizabeth Anne Kirk	
Full Name 4700 Schooner Blvd.	
Mailing Address	
Suffolk VA 23435	
Title or Position CITY STATE	ZIP CODE
Substitute Telephone number 757	295   1281
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ame and address of
Full Name Ms. Elizabeth Anne Kirk	,
of Treasurer	
Mailing Address 4700 Schooner Blvd.	
6269C Everets Road (23434)	
Suffolk VA 23435	
CITY STATE	ZIP CODE
Title or Position Substitute Telephone number Telephone number	295   1281

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I		
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St	ZIP CODE
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St  Portsmouth  VA 23703  CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St  Portsmouth  VA 23703  CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St  Portsmouth  VA 23703  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St  Portsmouth  VA 23703  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St  Portsmouth  VA 23703  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Navy Federal  5627 W High St  Portsmouth  VA 23703  CITY STATE  Depository, etc.	ZIP CODE