

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

Van Hollen for Congress

ADDRESS (number and street) 10605 Concord Street
 (Check if address is changed) Suite 202
Kensington MD 20895
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) stacey@vanhollen.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) http://www.vanhollen.org

2. DATE 02 / 02 / 2016

3. FEC IDENTIFICATION NUMBER C C00366096

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 Stacey Maud

Signature of Treasurer Stacey Maud [Electronically Filed] Date 02 / 02 / 2016

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.

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 Chris Van Hollen

Candidate Party Affiliation DEM NAT REP

Office Sought: House Senate President

State MD DC HI AK VT NH ME NY NJ PA OH WV VA NC SC GA FL AL MS LA HI

District 01 02 03 04 05 06 07 08 09 10 11 12

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a NAT STATE SUB (National, State or subordinate) committee of the DEM REP (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 _____

Write or Type Committee Name

Van Hollen for Congress

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

Van Hollen Victory Fund

Mailing Address 10605 Concord Street
 Suite 202
 Kensington MD 20895
 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 Stacey Maud
 Mailing Address 10605 Concord Street
 Suite 202
 Kensington MD 20895
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 202 - 285 - 4111

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 Stacey Maud
 Mailing Address 10605 Concord Street
 Suite 202
 Kensington MD 20895
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 202 - 285 - 4111

Full Name of Designated Agent: Simon Mihran Shahinian
Mailing Address: 10605 Concord Street, Suite 202
Kensington MD 20895
CITY STATE ZIP CODE
Title or Position: Assistant Treasurer
Telephone number: 301-942-3768

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.

M & T Bank

Mailing Address: 10420 Montgomery Ave.
Kensington MD 20895
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:
CITY STATE ZIP CODE