

**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

For Virginia

ADDRESS (number and street)

4196 Merchants Plaza

(Check if address
is changed)

Suite 434

Woodbridge

CITY ▲

VA

STATE ▲

22192

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

thomas.speciale@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

thomasspeciale.com

2. DATE

MM / DD / YYYY
07 / 01 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00710608

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 Allard, Carl, , ,

Signature of Treasurer

Allard, Carl, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 13 / 2020

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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

For Virginia

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

NONE

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

Allard, Carl, , ,

Mailing Address

4196 Merchants Plaza

Suite 434

Woodbridge

VA

22192

Title or Position

CITY

STATE

ZIP CODE

Telephone number

702

900

4467

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

Allard, Carl, , ,

Mailing Address

4196 Merchants Plaza

Suite 434

Woodbridge

VA

22192

Title or Position

CITY

STATE

ZIP CODE

Telephone number

702

900

4467

Full Name of
Designated
Agent

Speciale, Thomas, Anthony, Mr., II

Mailing Address

14940 Grassy Knoll Ct

Woodbridge

CITY

VA

STATE

22193

ZIP CODE

Title or Position

Director

Telephone number

831

521

5716

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.

Bank of America

Mailing Address

12505 Dillingham Square

Woodbridge

CITY

VA

STATE

22192

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE