

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 OCT 21 AM 9:18  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

KUBBA FOR CONGRESS

ADDRESS (number and street)

1105 MAX CT SE

(Check if address  
is changed)

LEESBURG

CITY ▲

VA

STATE ▲

20175

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

SAAKUBBA@GMAIL.COM

Optional Second E-Mail Address

SLDMYRTLE@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

KUBBAFORCONGRESS.COM

2. DATE

today  
10<sup>M</sup> ' 17<sup>D</sup> ' 20<sup>Y</sup> 13

initially filed  
03 27 2013

3. FEC IDENTIFICATION NUMBER ►

C00543413

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

Sandra Derr

Signature of Treasurer

Sandra Derr

Date

10<sup>M</sup> ' 17<sup>D</sup> ' 20<sup>Y</sup> 13

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  
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Only

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

FEC FORM 1  
(Revised 06/2012)

13031132221

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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

13031132222

Write or Type Committee Name

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

SANDRA LEA DERR

Mailing Address

20445 ISLAND WEST SQ

Empty grid lines for address

ASHBURN VA 20147-3899

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

703-729-6757

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

SANDRA LEA DERR

Mailing Address

20445 ISLAND WEST SQ

Empty grid lines for address

ASHBURN VA 20147-3899

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

703-729-6757

13031132223

Full Name of Designated Agent

SAM KUBBA

Mailing Address

1105 MAX CT SE

LEESBURG

CITY

VA

STATE

20175-1

ZIP CODE

Title or Position

ASST. TREASURER & CANDIDATE

Telephone number

571-276-3149

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.

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

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

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

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

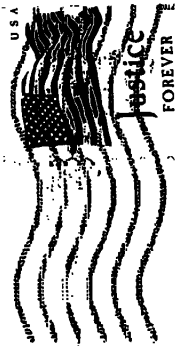
STATE

ZIP CODE

13031132224

13031132225

Ms. Sandra Barr  
20441stend West Sq  
Ashburn VA 20147

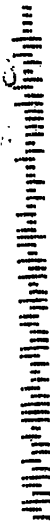


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Federal Election Commission  
999 E Street NW  
Washington, DC 20463



20463

**Federal Election Commission**  
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 The FEC added this page to the end of this filing to indicate how it was received.

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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

*Jm*  
 PREPARER  
 (8/2013)

10/21/13  
 DATE PREPARED

13031132226