| FEC<br>FORM 1                         |                | STATEMEN<br>ORGANIZA           |   | Office                    | PAGE 1 / 4                     |
|---------------------------------------|----------------|--------------------------------|---|---------------------------|--------------------------------|
| 1. NAME OF<br>COMMITTEE (in           | full)          | (Check if name is changed)     | Example:If typing, type over the lines.   | 12FE4M5                   |                                |
| Win Back Y                            | our S          | tate                           |   |                           |                                |
|                                       |                |                                |   |                           |                                |
| ADDRESS (number ar                    | nd street)     | P.O. Box 51284                 |   |                           |                                |
| (Check if a is changed                |                | Washington                     |   | DC 20091<br>STATE ▲       |                                |
| COMMITTEE'S E-MA                      |                | SS                             |   |                           |                                |
| (Check if a is changed                |                | staylor@martinomalley          | .com  |                           |                                |
| , , , , , , , , , , , , , , , , , , , | ,              | Optional Second E-Mail Add     | lress   |                           |                                |
| COMMITTEE'S WEB                       | ddress         | DRESS (URL)                    |   |                           |                                |
| 2. DATE 11                            | M / D<br>16    | D / Y Y Y Y<br>2017            |   |                           |                                |
| 3. FEC IDENTIFIC                      | ation NU       | JMBER ► C co                   | 00525220  |                           |                                |
| 4. IS THIS STATEM                     | 1ENT           | NEW (N) OR                     | × AMENDED (A)   |                           |                                |
| I certify that I have e               | xamined th     | is Statement and to the best   | of my knowledge and belief  | it is true, correct and c | omplete.                       |
| Type or Print Name of                 | of Treasure    | Cadogan, Martin, , ,           |   |                           |                                |
| Signature of Treasure                 | r <i>Cadoş</i> | gan, Martin, , ,               | [Electronically Filed]  | Date 07                   | 24 / Y Y Y Y<br>2019           |
| NOTE: Submission of                   |                | ous, or incomplete information |   |                           | enalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only                 |                |                                | For further information<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 | sion 🔽                    | EC FORM 1<br>(Revised 06/2012) |

| -                            |  |  |
|------------------------------|--|--|
| FEC Fo                       | rm 1 (Revised 02/2009)   | Page <b>2</b>                          |
| TYPE OF C                    | OMMITTEE   |  |
| 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. (Comp information below.)  | lete the candidate                     |
| Name of<br>Candidate         |  |  |
| Candidate<br>Party Affiliati | on Office<br>Sought: House Senate President  | State District                         |
| (c)                          | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Name of<br>Candidate         |  |  |
| Party Con                    |  |  |
| (d)                          |  | Democratic,<br>lepublican, etc.) Party |
| Political A                  | ction Committee (PAC):   |  |
| (e)                          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn  | ected organization is                  |
|                              | Corporation Corporation w/o Capital Stock  | Labor Organization                     |
|                              | Membership Organization Trade Association  | Cooperative                            |
|                              | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| (f) <b>x</b>                 | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)   | regated 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 Fund                   | raising Representative:  |  |
| (g)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political                    |
| (h)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                      |
| Com                          | mittees Participating in Joint Fundraiser  |  |
| 1.                           | FEC ID number  |  |
| 2.                           | FEC ID number  |  |
| 3.                           | FEC ID number  |  |
| 4.                           | FEC ID number  |  |

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Write or Type Committee Name

## Win Back Your State

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

| O'Malley                |  |                      |                             |
|-------------------------|--|----------------------|-----------------------------|
|                         |  |                      |                             |
| Mailing Address         | 1501 Saint Paul Street                         |                      |                             |
|                         | #114<br>                                       |                      |                             |
|                         | Baltimore                                      | MD                   | 21202                       |
|                         | CITY   | STATE                | ZIP CODE                    |
| Relationship: Connected | Organization Affiliated Committee Joint Fundra | aising Representativ | Ve X 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.

| Cadogan,          | lartin, , ,                              |
|-------------------|--|
| Full Name         |  |
| Mailing Address   | 100 West Road                            |
|                   | Suite 300                                |
|                   | Towson  MD  21204                        |
| Title or Position | CITY STATE ZIP CODE                      |
| Treasurer         | 410  832  7500    Telephone number  1  1 |

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<br>of Treasurer      | Cadogan, Martin, , ,             |
|--------------------------------|----------------------------------|
| Mailing Address                | 100 West Road                    |
|                                | Suite 300                        |
|                                | Towson                           |
|                                | CITY STATE ZIP CODE              |
| Title or Position<br>Treasurer | Telephone number  410  832  7500 |

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|                                     |      |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  | _ |
|-------------------------------------|------|--|--|--|--|--|--|--|----------------|--|--|--|------|-----|-----|------|-----|-----|--|--|--|--|--|--|--|--|--|---|
| Full Name of<br>Designated<br>Agent |      |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  |   |
| Mailing Address                     |      |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  |   |
|                                     |      |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  |   |
|                                     |      |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  |   |
|                                     | CITY |  |  |  |  |  |  |  | STATE ZIP CODE |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  |   |
| Title or Position                   |      |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |  |  |  |  |  |  |  |  |  |   |
|                                     |      |  |  |  |  |  |  |  |                |  |  |  | Tele | eph | one | e ni | umt | ber |  |  |  |  |  |  |  |  |  |   |

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.

| Harbor                    | Bank                |       |          |
|---------------------------|---------------------|-------|----------|
| Mailing Address           | 25 W Fayette Street |       |          |
|                           |                     |       |          |
|                           | Baltimore           | MD    | 21201    |
|                           | CITY                | STATE | ZIP CODE |
| Name of Bank, Depository, | etc.                |       |          |
|                           |                     |       |          |
| Mailing Address           |                     |       |          |
|                           |                     |       |          |
|                           |                     |       |          |
|                           | CITY                | STATE | ZIP CODE |