Only

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FEC FORM 1	ORGANIZATION			Office Use Only						•				
1. NAME OF	( 11)		Check if name		nple:If typing	g, type	121	FE4M		ice ose				
COMMITTEE (in	i full)	L IS	s changed)	over	the lines.									
Stark360	<u> </u>													
ADDRESS (number a	nd street)	203 S UN	NION ST STE 3	00										
(Check if a		1	1 1 1 1 1	1 1 1 1		1 1 1		1 1	1 1	I I	1 1	1 1	1 1	ı
is changed)		ALEXANDRIA				I VA		223	14	,  -	-	1 1	_	
		Cl	TY▲				STA	ΓE ▲			ZIP C	ODE		_
COMMITTEE'S E-MA	AIL ADDRE	SS												
★ (Check if address is changed)		DBacke	er@DBCapi	tolStrategie	es.com									
	,		Second E-Ma DBCapitolS		com									1
		300 @ 1	Doaphol	ruatogics	COIII									┙
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UF	,											
2. DATE 1	0		2015											
3. FEC IDENTIFIC	CATION N	JMBER ▶	. C	C0056650	5									
4. IS THIS STATEN	MENT X	NEW	(N) OF	₹	AMEND	DED (A)								
I certify that I have e	examined th	nis Stateme	nt and to the	best of my k	nowledge ar	nd belief it	is true	, corre	ct and	compl	ete.			
Type or Print Name	of Treasure	r Dan Bac	ker											
Signature of Treasure	er <i>Dan I</i>	Backer			[Electronically	y Filed]	Date	М	M /	02	7	20	15	Υ
NOTE: Submission of	false, erron		omplete informa	-						penaltie	s of 2	U.S.C.	§437	g.
Office Use					For further in Federal Election Toll Free 800-4	on Commission					FOF	<b>RM 1</b> /2012)		_

Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	e 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	/Damaau-+!-
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Re	evised 02/2009)	Page <b>3</b>
Write or Type Committee	e Name	
Stark360		
. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Co	nnected Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponso
Custodian of Record books and records.	<b>Is:</b> Identify by name, address (phone number optional) and position of the p	erson in possession of committee
1	n Backer	
Full Name	203 S. Union St, Ste 300	
Mailing Address		
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 - 210 - 5431
Treasurer: List the na any designated agent	nme and address (phone number optional) of the treasurer of the committee; (e.g., assistant treasurer).	and the name and address of
Full Name Dar of Treasurer	n Backer	
Mailing Address	203 S. Union St, Ste 300	
	Alexandria	22314
	CITY STATE	ZIP CODE
Title or Position Treasurer		202   210   5431

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Full Name of Designated	Joseph Lilly	
Agent	203 South Linion Street	
Mailing Address	203 South Union Street	
	Suite 300	
	Alexandria	22314
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits foxes or maintains funds.  Depository, etc.  Access National Bank	funds, holds accounts, rents
Mailing Address	,4221 Walney Road	
Mailing Address	Suite 120	
	Chantilly	20151
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		