

6 JUL '11 RCVD

May 10, 2011

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

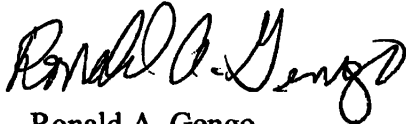
Dear Ms. Bauerly,

This is my formal notification that I resigned from the Earl Henry Sholley campaign for Congress as Treasurer. I resigned on November 8, 2010 under the assistance of Ms. Rebecca Hough.

I had completed the 3<sup>rd</sup> Quarter filing as of September 30, 2010 Form 3 manually. Several weeks passed, and the FEC asked me to input the manual report that I had completed for the 3<sup>rd</sup> Quarter filing as of September 30, 2010 Form 3 online. I was able to under the tutelage of Ms. Hough on November 8, 2010.

I have completed an updated FEC Form 1 Statement of Organization as requested by Ms. Mary Pickeral on May 6, 2011. I am enclosing the FEC Form 1. I received the report AF # 2419, and I am asking you to accept my resignation from the Earl Henry Sholley campaign as of November 8, 2010.

Sincerely,



Ronald A. Gengo

11030621244

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

6 JUL '11 11:43 AM

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Sholley for Congress

ADDRESS (number and street)

P.O. Box 76

(Check if address is changed)

Norfolk

MA 02056

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@sholleyforcongress.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.sholleyforcongress.us

2. DATE 05/10/2011

3. FEC IDENTIFICATION NUMBER C00453498

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

Signature of Treasurer Date

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.

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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 Earl Henry Sholley

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State MA District 04

- (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

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Write or Type Committee Name

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

Grid for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Grid 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

Grid for Full Name

Mailing Address

Grid for Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Grid for Title or Position

Telephone number

Grid for Telephone number

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

Grid for Full Name of Treasurer

Mailing Address

Grid for Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Grid for Title or Position

Telephone number

Grid for Telephone number

11030621247

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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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.

Sovereign Bank

Mailing Address

25 State St.

[Grid for Mailing Address Line 2]

Boston MA 02110

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]


CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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|   |   |
|---|---|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                           |
| <input type="checkbox"/> USPS First Class Mail  | Postmarked                                |
| <input checked="" type="checkbox"/> USPS Registered/Certified                                   | Postmarked (R/C)<br>5/10/11 <sup>ES</sup> |
| <input type="checkbox"/> USPS Priority Mail   | Postmarked                                |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                |   |
| <input type="checkbox"/> USPS Express Mail  | Postmarked                                |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                             |
| Next Business Day Delivery <input type="checkbox"/>   |   |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                           |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                           |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                           |
| <input checked="" type="checkbox"/> Other (Specify): <i>Rec'd in RAO</i>                        | Date of Receipt or Postmarked<br>7/6/11   |
| <br>PREPARER | 7/6/11<br>DATE PREPARED                   |