Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. The 2016 Draft Committee 370 Maple Avenue W ADDRESS (number and street) Suite 4 (Check if address is changed) Vienna 22180-5615 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rfrank@frankandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.2016committee.org (Check if address is changed) DATE 2016 C00548420 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Robert H. Frank Type or Print Name of Treasurer Robert H. Frank [Electronically Filed] 01 2016 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ŗ	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 49 6 4
Can	didate	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. (Complinformation below.)	ete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segrecommittee. (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.)	
Join	t 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.	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.		

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Write or Type Committee Name		r age c
The 2016 Draft		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
2016 Committee; The		
	370 Maple Avenue W	
Mailing Address		
	Suite 4	
	Vienna VA 22180-5615	;
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization X Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Robert H.	Frank	1
Full Name	1360 Beverly Road	
Mailing Address	Suite 300	
	McLean VA 22101-3640	<u>, </u>
Title or Position	CITY STATE ZI	P CODE
Custodian of Records		21 0702
3. Treasurer : List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Robert H. I	Frank	
Mailing Address	1360 Beverly Road	
S	Suite 300	
	McLean	5 -
	CITY STATE ZII	P CODE
Title or Position Treasurer		1 0702

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Full Name of Designated Agent Ch	nuck Muth	
Mailing Address	767 Benedict Drive	
	Las Vegas NV 8911	0-4205 _ _ _ _ _ ZIP CODE
Title or Position Assistant Treasurer	Telephone number 702 –	942 - 3291
safety deposit boxes	positories: List all banks or other depositories in which the committee deposits funds, he or maintains funds	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo		1 1 1 1 1 1 1 1 1
Name of Bank, Depo	irst Virginia Community Bank	
Name of Bank, Depo	rst Virginia Community Bank 11325 Random Hills Road	0-6051
Name of Bank, Depo	rst Virginia Community Bank 11325 Random Hills Road	0-6051
Name of Bank, Depo	rst Virginia Community Bank 11325 Random Hills Road Fairfax CITY STATE	
Name of Bank, Depo Mailing Address Name of Bank, Depo	rst Virginia Community Bank 11325 Random Hills Road Fairfax CITY STATE	
Name of Bank, Depo Mailing Address Name of Bank, Depo	rst Virginia Community Bank 11325 Random Hills Road Fairfax CITY STATE PO Box 6995 PO Box 6995	