

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Trammell for Congress

ADDRESS (number and street)

P.O. Box 427

(Check if address is changed)

Mineral

CITY ▲

VA

STATE ▲

23117

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

sue@bluewavepolitics.com

Optional Second E-Mail Address

davidirvingcpa@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.trammellforcongress.com

2. DATE

03 / 24 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00565218

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 David J Irving

Signature of Treasurer David J Irving

[Electronically Filed]

Date

03 / 24 / 2015

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

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 John K Trammell

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WY

District 01 02 03 04 05 06 07 08 09

- (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 _____

Write or Type Committee Name

Trammell for Congress

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

NONE

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 Mary Kranz

Mailing Address 545 Branch Rd

Louisa

VA

23093

Title or Position

CITY

STATE

ZIP CODE

Bookkeeper

Telephone number 540 - 748 - 0185

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 David J Irving

Mailing Address 1973 Retreat Dr

Mechanicsville

VA

23111

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 804 - 833 - 8099

Full Name of Designated Agent: Harold Boyd
Mailing Address: 1117 Virginia Ave
CITY: Culpeper STATE: VA ZIP CODE: 22701
Title or Position: Assistant Treasurer Telephone number: 540-825-5466

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.

Bank of America

Mailing Address: 11681 West Broad St
CITY: Richmond STATE: VA ZIP CODE: 23233

Name of Bank, Depository, etc.

Mailing Address: [Empty]
CITY: STATE: ZIP CODE: