FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVET: 7
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FEC MAIL CONTEC

FORM 1		URGANIZ	AIIC	ZIN	FEC	MALLS CENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, type the lines.		
HICKORY	ĢŖŎŲ	ND SOLUTION	IŞ, LL	C POLITICA	L ACTIO	N COMMITTEE
	<u> </u>	FOC FOLINT		ATE DOAD		
ADDRESS (number a	and street)	506 FOUNTA		ATE ROAD A 22473	<u> </u>	
(Check if ac is changed)			<u>, Y</u>		1 , 1 1	
		L 	CITY	_!hhhhl	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide only one	e-mail ad	dress)		
(Check if is change		ipjoblaw@ao	l.com		. "	
COMMITTEE'S WEB	B PAGE ADD	RESS (URL)		i dei yezh		
(Check if is change		none				
2. DATE 06	6 / 12	2013				
3. FEC IDENTIFIC	CATION NU	MBER C.C	0544	155		
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED (A)		
ř		s Statement and to the be	•	_	is true, correct	and complete.
Type or Print Name	of Ireasurer			The state of the s	China Salatina Pari	
Signature of Treasure	er	TMD-		The second secon	Date 06	12 2013
NOTE: Submission of		ous, or incomplete information	-			the penalties of 2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.	TYPE	OF C	ОММІТТЕЕ	
	Can	didate	Committae:	
	(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. (Compleinformation below.)	ete the candidate
	Name Cand			
	Cand Party	lidate Affiliati	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Con	nmittee:	*
	(d)			emocratic, epublican, etc.) Party.
	Polit	tical A	ction Committee (PAC):	
	(e)	\boxtimes	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	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.)	
	Joint	t Func	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	
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		2.		Unsertandendendendendenden sommenengendendendenden Unsertandendendendendendenden
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		3.	Secretary of the secret	and a supplementation of the contraction of the con
		4.	FEC ID number C	

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Write or Type Committee Name	
HICKORY GROUND SOLUTIONS, LLC POLITICAL ACTION (COMMITTEE
6. Name of 'Any Connected Organization, Affillated Committee; Joint Fundraising Représentative; or Leader	Snip PAC Sponsor
Hickory Ground Solutions, LLC	
Mailing Address [506 Fountain Gate Road]	
Heathsville	73, - , , ,
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records. 	ossession of committee
Full Name Patrick J. O'Brien	11111
Mailing Address P.O. Box 631	
	<u> </u>
Callao VA 224	35
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number 804.] - [4	450 - 2002
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name designated agent (e.g., assistant treasurer). 	name and address of
Full Name Patrick J. O'Brien of Treasurer	
Mailing Address P.O. Box 631	
	<u> </u>
Callao VA	35 ,
CITY STATE	ZIP CODE
Title or Position Telephone number 804 - 1	150 2002

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Full Name of Designated Agent Tal	ra Miller	
Mailing Address	506 Fountain Gate Road	
	Heathsville VA STATE	22473 - ZIP CODE
Title or Position Assistant Treas	surer Telephone number	<u>.</u>
Banks or Other Depo safety deposit boxes or Name of Bank, Deposi		its funds, holds accounts, rents
_l Ва	ınk,of Lancaşter, , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1
Becommendermont	nk of Lancaster	
Mailing Address	nk, of Lancaster	
Becommendermont	Ink of Lancaster	[22482,]-[1869]
Becommendermont		22482, J-[1869]
Becommendermont	[Kilmarnock VA] CITY STATE	
Mailing Address	[Kilmarnock VA] CITY STATE	
Mailing Address	[Kilmarnock VA] CITY STATE	
Mailing Address Name of Bank, Deposi	[Kilmarnock VA] CITY STATE	
Mailing Address Name of Bank, Deposi	[Kilmarnock VA] CITY STATE	

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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

PREPARER