FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVEL 2010 MAY -3 AM 7:58 OME GO ONLY

FORM 1	ORGANIZA	ATION		Office Ose Only		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	E .		
Kubba for Cong	gress					
	1111111		<u>i </u>	11111111		
ADDRESS (number and street).	105 Max Ct. S	E				
(Check if address is changed)	Leesburg		VA	20175		
	·	CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDI	RESS (Please provide only one e	-mail address)				
(Check if address	saakubba@g	mail.com				
is changed)	Little Trans	<u> </u>	<u></u>			
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COMMITTEE'S WEB PAGE	ıkubbaforcong	ress.com		• · · · · · · · · · · · · · · · · · · ·		
(Check if address is changed)		1905:09111				
is changed)						
2. DATE 03 / 2	27 2013		·			
3. FEC IDENTIFICATION	NUMBER C					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined	I this Statement and to the best	of my knowledge and belie	f it is true, correct	and complete.		
Type or Print Name of Trease	_{urer} Sam Kubba					
Signature of Treasurer	<u> </u>	_,	Date 03	27 2013.		
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 Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

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	OF COMMITTEE					
(a)	date Committee: This committee is a principal campaign committee. (Complete the candidate information below.)					
(b) [ato the candidato				
E	information below.)					
	Name of Candidate Sam Kubb					
Candidate Party Affi		State VA District 10				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	(int. 1988 all the Type and And and				
Name of Candidate	Name of Candidate					
Party C	Committee: (National, State grandgeness (December 1997)	emocratic,				
(d)		epublican, etc.) Party.				
Politica	cal Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:				
	Corporation Corporation w/o Capital Stock	_abor 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 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				
Committees Participating in Joint Fundraiser						
1	1. FEC ID number	ang mengamengan nganagan ang Managan nganagan nganagan ang				
2	2. FEC ID number C					
3	3. FEC ID number					
4	4.					

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Write or Type Committee Nan	ne			
Kubba for Cong	Jress			
6. Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Represe	entative, or Leaders	hip PAC Sponsor
None				
		11111111		
Mailing Address			11111	
			, , , ,	-
	CITY	<u> </u>	STATE	ZIP CODE
Relationship:	ed Organization Affiliated Committee	Joint Fundraising Re	presentative Lea	adership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone numbe	r optional) and position	of the person in pos	ssession of committee
Full Name Sam	,Kubba, , , , , , , , ,		! ! ! ! ! !	
Mailing Address	105 Max Ct. SE	1 1 1 1 1 1 1 1 1		
	1,,,,,,,,,,			
	Leesburg		VA 2017	5
Title or Position	CITY	ST	TATE	ZIP. CODE
Candidate		Telephone numbe	, 571,2	76, -[3149
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) , assistant treasurer).	of the treasurer of the co	mmittee; and the na	me and address of
Full Name of Treasurer	Kubba	<u> </u>		
Mailing Address	105 Max Ct. SE		1 1 1 1 1 1	
			1	ليبيب
	Leesburg crry	TS	VA) 2017 TATE	5 ZIP CODE
Title or Position Candidate		Telephone number	, [571] _ [2]	76, -[3149

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Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked 4/29/)3			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation™ or Signature Confirmation™ Label				
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busin	ess Day Delivery			
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			
Other (Specify):	Receipt or Postmarked			
1/2	5/3/3			
PREPARER (3/2005)	DATE PREPARED			