| FEC<br>FORM 1                                  | STATEMENT OF<br>ORGANIZATION   | RECEIVED<br>FEC MAIL CENTER<br>2018 APR 10 AM 8: 13<br>Office Use Only |
|--|--|--|
| 1. NAME OF<br>COMMITTEE (in                    | n full) (Check if name Example: If typing, type over the lines.  | 12FE4M5  |
| LHOICOM  | 16 4. Congress   |  |
| ADDRESS (number a<br>(Check if a<br>is changed | address  | STATE $A$ ZIP CODE $A$   |
| COMMITTEE'S E-M/                               | AIL ADDRESS  |  |
| (Check if is changed                           | address Delphol9912gmail.  | Com,   |
|  | Optional Second E-Mail Address   |  |
|  | 3 PAGE ADDRESS (URL)   |  |
| <ul> <li>(Check if is changed)</li> </ul>      | address 1  |  |
|  |  | · · · · · · · · · · · · · · · · · · ·                                  |
| 2. DATE  | 411011123181   | • •  |
| 3. FEC IDENTIFIC                               | CATION NUMBER ► CO0669969  |  |
| 4. IS THIS STATE                               |  | · · ·  |
| 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 Christa L. Holcom   | <u>rb</u>  |
| Signature of Treasur                           | er Christ, Hoholt  | Date 04 '011'2018  |
| NOTE: Submission of                            | false, erroneous, or incomplete information may subject the person signing t<br>ANY CHANGE IN INFORMATION SHOULD BE REPORTED V |  |
| Office<br>Use<br>Only                          | For further information of<br>Federal Election Commission<br>Toll Free 800-424-9530<br>Local 202-694-1100                      |  |

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FEC Form 1 (Revised 02/2009)

| 5. |                |                    |  |
|----|----------------|--------------------|--|
|    |                |                    | Committee:   |
|    | (a)            | 6-23<br>6-23       | 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<br>Candi  |                    | Benjamin L. Holcombo   |
|    | Candi<br>Party | date<br>Affiliatio | n State MD<br>Sought: XI House Senate President<br>District  |
|    | (c)            |                    | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|    | Name<br>Candi  |                    |  |
|    | Party          | y Com              | mittee:  |
|    | (d)            | D                  | This committee is a (National, State (Democratic,<br>or subordinate) committee of the Republican, etc.) Party.   |
|    | Polit          | ical A             | ction 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  |
|    |                |                    | 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          | Fund               | raising 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<br>committees/organizations, none of which is an authorized committee of a federal candidate.      |
|    |                | Com                | mittees Participating in Joint Fundraiser  |
|    |                | 1.                 |  |
|    |                | 1.                 |  |
|    |                | 2.                 |  |
|    |                | 3.                 |  |
|    |                | 4                  |  |

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|---|---|---------------------------------------|
| FEC Form 1 (Revised   | )2/2009)  | Page 3                                |
| Write or Type Committee Name                                  |   |                                       |
|   | ·   |                                       |
| 6. Name of Any Connected (                                    | Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader                         | ship PAC Sponsor                      |
|   |   |                                       |
|   |   |                                       |
| Mailing Address   |   |                                       |
|   |   |                                       |
|   |   | · · · · · · · · · · · · · · · · · · · |
| ···-  | CITY STATE  |                                       |
| Relationship:   | d Organization 🌐 Affiliated Committee 🗍 Joint Fundraising Representative 🏢 L                            | eadershin PAC Sponsor                 |
|   |   |                                       |
| 7. Custodian of Records: Ide books and records.               | ntify by name, address (phone number optional) and position of the person in pr                         | ossession of committee                |
|   | ipta L. Holcomb   |                                       |
|   | 148(2) N 2200 St. And C.S.  | • • • • • • • •                       |
| Mailing Address   |   | · · · · · · · · · ·                   |
|   | DECICE MID 165  | $\gamma_{2}$                          |
| Title or Position   |   |                                       |
|   |   | ZIP CODE                              |
| LICEASing   |   | 163-158091                            |
| 8. Treasurer: List the name ar<br>any designated agent (e.g., | d address (phone number optional) of the treasurer of the committee; and the r<br>assistant treasurer). | name and address of                   |
| Full Name<br>of Treasurer                                     | rista L. Holcomb  | 1                                     |
| Mailing Address   | 14800 N. 222 St. Apt. C8  | ·<br>·                                |
|   |   |                                       |
|   | CITY STATE  | 7,2,1                                 |
| Title or Position   |   | 763-50091                             |

20-18 - 04 - - 08 - 0020-1402

FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent |      | L I | 1 | 1 | 1 | 1       | .! | 1     | 1_  | Ţ | <u>.                                    </u> |     |    | _1_ |   | .1 | 1 | <u> </u> | L   | 1   | 1_ | L   | 1   | 1_ | 1          | <u> </u> | ـــــ      | ł | I  | 1  | _L_      | 1  | Ŀ_ | 1        |      |
|-------------------------------------|------|-----|---|---|---|---------|----|-------|-----|---|--|-----|----|-----|---|----|---|----------|-----|-----|----|-----|-----|----|------------|----------|------------|---|----|----|----------|----|----|----------|------|
| Mailing Address                     |      |     | L | L |   | 1       | ١  | 1     |     | I | 1  |     |    |     |   |    | 1 |          | 1   | 1_  | 1  | L   | 1   |    | _1_        | 1.       | .1         | 1 |    |    | <u> </u> | 1  | 1  | 1        |      |
|                                     |      |     | L |   | _ | 1       | 1  | _     | 1_  | 1 |  | _1_ | 1  | _1  |   |    | I | 1        | 1   | 1_  | 1  | 1   | 1   | 1  | _ <b>_</b> |          | <u>_</u> . | 1 |    | 1. |          | 1  | 1  | I I      |      |
|                                     |      |     | L | 1 | ł | ł       | 1. | I     | 1_  | 1 | 1  | _   | _1 | L   | L | I  | I | l.       | 1   | 1_  |    |     | L   | 1  |            |          | L          | 1 | L  |    | I        | ]- | ·L | ł        |      |
|                                     | CITY |     |   |   |   |         |    | STATE |     |   |  |     |    |     |   |    | z | IP (     |     | DE  |    |     |     |    |            |          |            |   |    |    |          |    |    |          |      |
| Title or Position                   |      | 1.1 |   | 1 |   | <u></u> | Ŀ  | 1     | _1_ | 1 |  | 1   |    |     |   |    |   | Tele     | pho | one | nı | ımt | ber |    | L          | 1        | _1         |   | ۰L | 1  | _1_      |    | ۰L | <u> </u> | L_1_ |

Page 4

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.

|                 | 1600          | e.       | ρ | 大        | -<br>1     | 2  | <u>ک</u> | $\hat{\mathbf{r}}$ | ŗī            | 1   | h   | ٩ | 7  | ſſ | )  | 1             | ן <b>(</b> | C  | 0  | ٨  | $\lambda$ | K   | ,<br>N | 1        |   | L    | _1 |        | _1  | _ 1 |    |    |     |     |       |
|-----------------|---------------|----------|---|----------|------------|----|----------|--------------------|---------------|-----|---|---|----|----|----|---------------|------------|----|----|----|-----------|-----|--------|----------|---|------|----|--------|-----|-----|----|----|-----|-----|-------|
| Mailing Address | -             | L        | _ |          | ۱ <u>۲</u> | 14 | 1        | 1                  | JL            | 2   | )<br>                                       | 2 | 2- | łe | zv | $\mathcal{H}$ | 2          | L. | H  | ,0 | Z         | h   | h      | þ        | y | /    | 1  | T<br>V | ) _ |     |    | 1  |     |     |       |
|                 |               |          | 1 | I.       | 1          | 1  | 1        | 4-                 | 1             | L   | 1   | L | L  | 1  | L. | I             | <u> </u>   | L  | L  | L  |           | 1   | 1      | L        | / | . I. | 1  |        |     | Ĺ   | _1 |    | . 1 |     | <br>L |
|                 |               | L        | I |          | Ĺ          | )  | <u>_</u> | P1                 | $\mathcal{L}$ | K   | <b>.</b>                                    | L | I  | 1  | 1  | L             | L          | 1  | 1  | J  |           | ſ   | 10     | ]        |   | Ľ    | g  | 5      | 7   | 2   | 1  | -[ |     |     |       |
|                 |               |          |   |          |            |    |          |                    | C             | ЭIТ | Y   |   |    |    |    |               |            |    |    |    | 5         | STA | ΤE     |          |   |      |    |        | Z   | ZIP | C  | DD | E   |     |       |
| Name of Bank, [ | Depository, e | etc.     |   |          |            |    |          |                    |               |     |   |   |    |    |    |               |            |    |    |    |           |     |        |          |   |      |    |        | _   |     |    |    | -   |     |       |
|                 |               | <u>_</u> | ļ | <u> </u> | 1_         | 1  | <u> </u> | 1_                 |               | L   | I   | L | L  | 1  | 1  | 1             | <u> </u>   | 1  | 1  | I  | 1         | ı   | 1      | 1        | I |      | _1 |        |     |     |    |    | لب  |     | <br>l |
| Mailing Address |               | L        | 1 | 1        | 1.         | L  | I        | L                  | I             | L   | I   | L | 1  | I  | .L | I             | 1          | L  | ι. | ı  | 1         | I   | L      | 1        | ı |      | 1  |        | 1   | .   |    |    |     | L., | <br>l |
|                 |               | Ł        |   |          | I          | 4- | I        | L                  | 1             | L   | <u>ــــــــــــــــــــــــــــــــــــ</u> | L | 1  | I  | L  | I             | I          | 1  | L  | 1  |           | ł   | L      | I        |   |      |    |        | 1   | t   |    |    |     |     | I     |
|                 |               | L        | 1 | 1        | 1          | 1  | 1        | L                  |               | L-  | <u>L_</u>                                   | L | L. | L  | 1  | 1             | L          | 1  | 1_ | J  |           | L   | 1      | <u>ן</u> |   | L    | _1 |        | 1   | 1   |    | -[ |     | ш   | <br>L |
|                 |               |          |   |          |            |    |          |                    | (             | CIT | Y   |   |    |    |    |               |            |    |    |    | 9         | STA | TE     |          |   |      |    |        | 2   | ZIP | C  | OD | E   |     |       |

Name of Bank, Depository, etc.

20-10 - 04 - 10 - 0M - 0020-40M

20-8-04-10-03-00201404

SPRINGFIELD MD 638

Federal Election Commission 1050 First Street,NE Washington, OC 20463

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| Federal Election Commission<br>ENVELOPE REPLACEMENT PAGE FOR INCOMIN<br>The FEC added this page to the end of this filing to indica |                          |
|---|--------------------------|
| Hand Delivered  | Date of Receipt          |
| Postmarked  | Date of Receipt          |
| USPS First Class Mail 4/4/18  | 4/10/18                  |
| USPS Registered/Certified   | Postmarked (R/C)         |
| USPS Priority Mail  | Postmarked               |
|   |                          |
| USPS Priority Mail Express  | Postmarked               |
| Postmark Illegible  |                          |
| No Postmark   |                          |
| Overnight Delivery Service (Specify):   | Shipping Date            |
| · Next Busir  | ness 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          |
| Date o  | f Receipt or Postmarked  |
| PREPARER ()<br>(3/2015)   | 4/10/18<br>DATE PREPARED |