National Campaign

1. NAME OF COMMITTEE (in full)  
   (Check if name is changed)  Example: If typing, type over the lines.  
   □ 12FE4M5

ADDRESS (number and street)  
   (Check if address is changed)  
   1201 N ORANGE ST STE 700 #7427

WILMINGTON  
   CITY ▲

DE  
   STATE ▲

19801  
   ZIP CODE ▲

COMMITTEE’S E-MAIL ADDRESS  
   (Check if address is changed)  
   annm@pmkaccounting.net

Optional Second E-Mail Address

COMMITTEE’S WEB PAGE ADDRESS (URL)  
   (Check if address is changed)  
   National-campaign.org

2. DATE  
   MM / DD / YYYY  
   08 / 19 / 2014

3. FEC IDENTIFICATION NUMBER ▶  
   C  
   C00563759

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  
   Ann Mattson

Signature of Treasurer  
   Ann Mattson  
   [Electronically Filed]  
   Date  
   MM / DD / YYYY  
   08 / 19 / 2014

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.
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

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th>Office Sought:</th>
<th>House</th>
<th>Senate</th>
<th>President</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Candidate Party Affiliation

<table>
<thead>
<tr>
<th>Candidate Party Affiliation</th>
<th>State</th>
<th>District</th>
</tr>
</thead>
<tbody>
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</table>

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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<tr>
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<th>Senate</th>
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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) [X] 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

<table>
<thead>
<tr>
<th>Committees Participating in Joint Fundraiser</th>
<th>FEC ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>C</td>
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<td>2.</td>
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<td>3.</td>
<td>C</td>
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<tr>
<td>4.</td>
<td>C</td>
</tr>
</tbody>
</table>
### National Campaign

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

- **NONE**

- **Mailing Address**
  - Full Name: [Full Name]
  - Mailing Address: [Mailing Address]
  - CITY: [CITY]
  - STATE: [STATE]
  - ZIP CODE: [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:** [Ann Mattson]
- **Mailing Address:** [1201 N ORANGE ST STE 700 #7427]
- **Title or Position:** [CITY] [STATE] [ZIP CODE]
- **Telephone number:** [302] [-] [497] [-] [5078]

**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:** [Ann Mattson]
- **Mailing Address:** [1201 N ORANGE ST STE 700 #7427]
- **Title or Position:** [CITY] [STATE] [ZIP CODE]
- **Telephone number:** [302] [-] [497] [-] [5078]
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: 100 N. Tryon St.
- City: Charlotte, NC
- ZIP Code: 28202

**National Capital Bank**

- Mailing Address: 316 Pennsylvania Ave SE
- City: Washington, DC
- ZIP Code: 20003