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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. The 2016 Committee 370 Maple Avenue W ADDRESS (number and street) Suite 4 (Check if address is changed) Vienna 22180-5615 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chuck@chuckmuth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00569905 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Muth, Chuck, , , Type or Print Name of Treasurer Muth, Chuck, , , [Electronically Filed] 03 16 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	aidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Name Cand			
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Part	y Com	nmittee:	
(d)			Democratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		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 seg	regated fund or party
(1)	×	committee. (i.e., nonconnected committee)	regated fund of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	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	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N	Jame	
The 2016 Co	mmittee	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records:	Affiliated Committee Joint Fundraising Representative Identify by name, address (phone number optional) and position of the person	Leadership PAC Sponso
books and records.		
Muth, Full Name	Chuck, , ,	
Mailing Address	767 Benedict Drive	
	Las Vegas NV 89	110-4205
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	- 942 - 3291
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and t .g., assistant treasurer).	he name and address of
Full Name Muth, of Treasurer	Chuck, , ,	
Mailing Address	767 Benedict Drive	
		110-4205
Title or Position Treasurer	CITY STATE 702 Telephone number	ZIP CODE 3291

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZII	P CODE
Title or Position		
	es or maintains funds.	
Name of Bank, Dep		
Name of Bank, Dep	chain Bridge Bank, N.A.	7
Name of Bank, Dep	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean VA 22101-573	7 -
Name of Bank, Dep	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean VA 22101-573:	
Name of Bank, Dep	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean VA 22101-573:	
Name of Bank, Dep Mailing Address Name of Bank, Dep	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE ZI Ppository, etc. First Virginia Community Bank	P CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Wells Fargo Bank PO Box 6995 Mailing Address 97228-6995 OR Portland CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number