FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

Dee Adcock for Congress

ADDRESS (number and street) 2629 Philmont Avenue

☐ (Check if address is changed)

Huntingdon Valley | PA | 19006 – 5301

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) info@deeadcock.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) www.deeadcock.com

2. DATE MM 03 / DD 08 / YYYY 2010

3. **FEC IDENTIFICATION NUMBER** C C00469627

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 **Alan Furness Hinkle**

Signature of Treasurer Electronically Filed by **Alan Furness Hinkle** Date MM 03 / DD 08 / YYYY 2010

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

(a) [X] 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: **Carson Dee Adcock**

Candidate Party Affiliation: **REP**

Office Sought: [X] House [ ] Senate [ ] President

State: **PA**

District: **13**

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

Name of Candidate:

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) [ ] 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

1. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

Write or Type Committee Name

Dee Adcock for Congress

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

NONE

Mailing Address

-

-

- PA 00000 –

CITY STATE 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 **Campaign Financial S ervices**

Mailing Address **7315 Wisconsin Avenue**

Suite 310 East

Bethesda **MD** **20814** –

Title or Position CITY STATE ZIP CODE

Custodian of Records

Telephone number **301** – **654** – **3220**

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 **Alan Furness Hinkle**

Mailing Address **1164 Wheatsheaf Lane**

Abington **PA** **19001** –

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number **215** – **540** – **0677**

Full Name of Designated Agent: **Robert Johnson, Jr.**

Mailing Address: **901 Red Fox Run Road**

Schwenksville | **PA** | **19473** –

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **Assistant Treasurer**

Telephone number: **215** – **540** – **0677**

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.: **Wachovia Bank**

Mailing Address: **2240 Butler Pike**

Plymouth Meeting | **PA** | **19462** –

CITY ▲ | STATE ▲ | ZIP CODE ▲

Name of Bank, Depository, etc.:

Mailing Address:

CITY ▲ | STATE ▲ | ZIP CODE ▲