

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

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

12FE4M5

Mike Turner for Congress

ADDRESS (number and street)

P.O. Box 4330

☒ (Check if address is changed)

Leesburg

VA

20177

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Mike@MikeTurnerForCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.MikeTurnerForCongress.com

COMMITTEE'S FAX NUMBER

5408823791

2. DATE 

M	M
0	5

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

3. FEC IDENTIFICATION NUMBER

C C00436626

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 Gordon M CaylorSignature of Treasurer Electronically Filed by Gordon M Caylor

Date

M	M
0	5

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (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

Mike Turner

Candidate  
Party Affiliation

DEM

Office  
Sought:☒

House

☐

Senate

☐

President

State

VA

District

10

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

Name of  
Candidate

- (d) ☐ This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

**Mike Turner for Congress**

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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**Mr. Gordon M Caylor**

Mailing Address

**43514 River Point Dr.**

Title or Position ▼

**Leesburg**

CITY ▲

**VA**

STATE ▲

**20176**

ZIP CODE ▲

**Treasurer**

Telephone number

**571****333****1242**Full Name of  
Designated  
Agent**Alan M Letzt**

Mailing Address

**20209 Creekspring Ct.**

Title or Position ▼

**Purcellville**

CITY ▲

**VA**

STATE ▲

**20132**

ZIP CODE ▲

**Assistant Treasurer**

Telephone number

**540****751****1100**

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.

Branch Banking & Trust Co of Virginia

Mailing Address

38997 E. Colonial Hwy.

Hamilton

VA

20158

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲