OUR AMERICAN CENTURY

ADDRESS (number and street) PO BOX 365
MCLEAN VA 22101
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
compliance@complianceconsultingva.com
Optional Second E-Mail Address
admin@ouramericancentury.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
ouramericancentury.org

DATE 10/30/2018

FEC IDENTIFICATION NUMBER C00532630

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.

Type or Print Name of Treasurer HOBBS, CABELL, 

Signature of Treasurer HOBBS, CABELL, 

[Electronically Filed] Date 10/30/2018

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

Candidate Party Affiliation

Office Sought: □ House □ Senate □ President

State

District

(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

OUR AMERICAN CENTURY

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

NONE

Mailing Address

Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Custodian of Records:

Full Name

Mailing Address

Title or Position

Treasurer

Telephone number

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

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

Mailing Address

Title or Position

Treasurer

Telephone number
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.**

   **Chain Bridge Bank, N. A.**

   **Mailing Address**
   1445-A Laughlin Avenue
   McLean
   VA 22101

   **CITY**
   **STATE**
   **ZIP CODE**

   **Name of Bank, Depository, etc.**