

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

11 APR 18 AM 11:26

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

David McCormick for Senate

ADDRESS (number and street)

4876-118 Princess Anne Rd #401

☐

(Check if address
is changed)

Virginia Beach

VA

23462

CITY

STATE

ZIP CODE

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

☐

(Check if address
is changed)

heat@davidmccormicksenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

davidmccormicksenate.com

2. DATE

04

11

2011

3. FEC IDENTIFICATION NUMBER

C00493601

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

Pamela A Mainhart

Signature of Treasurer



Date

04

11

2011

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

FEC FORM 1
(Revised 02/2009)

11020164458

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

David McCormick

Candidate Party Affiliation

REP

Office Sought:

☐

House

☒

Senate

☐

President

State

VA

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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

David McCormick for Senate

6. 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

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

Pamela A Mainhart

Mailing Address

3913 Biscayne Street

Suffolk

VA

23434

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

757

403

0911

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

Pamela A Mainhart

Mailing Address

3913 Biscayne Street

Suffolk

VA

23434

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

757

403

0911

11020164460

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

SUNTRUST BANK

Mailing Address

5800 EAST VIRGINIA BEACH BLVD

NORFOLK

VA

23502

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

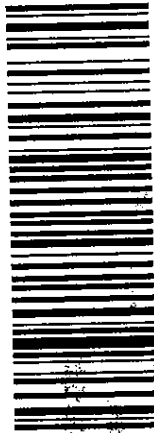
ZIP CODE

11020164461

3913 Biscayne Street
Suffolk, VA 23434

APR 12 2011

CERTIFIED MAIL™



7009 2250 0001 2101 1890

Secretary of the Senate
Office of Public Records
PO Box 2517
Alexandria, VA 22301-0517



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
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USPS FIRST CLASS MAIL _____
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Postmark

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

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☐

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AIRBORNE EXPRESS _____

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Date of Receipt

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NO POSTMARK ☐

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Date of Receipt

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Date of Receipt or Postmark

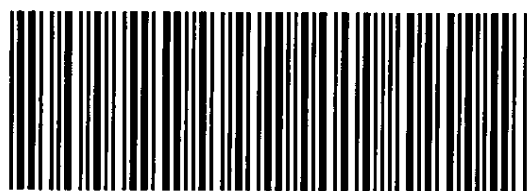
PREPARER

RD

DATE PREPARED

04-18-11

11020164463



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