

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED, SECRETARY OF THE SENATE

13 FEB 14 AM 11:39

Office Use Only

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

12FE4M5

DAN WINSLOW FOR US SENATE COMMITTEE

ADDRESS (number and street) PO BOX 1035

(Check if address is changed)

WRENTHAM

MA

02093

CITY

STATE

ZIP CODE

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

(Check if address is changed)

compliance@complianceconsultingva.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.danwinslow.com

2. DATE

MM / DD / YYYY 02 / 11 / 2013

3. FEC IDENTIFICATION NUMBER

C

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 STACEY STRINGFELLOW

Signature of Treasurer

STACEY STRINGFELLOW

Stacey Stringfellow

Date

MM / DD / YYYY 02 / 11 / 2013

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)

13020111458

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 DAN WINSLOW

Candidate Party Affiliation REP House Senate President State MA District 00

- (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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

13020111459

Write or Type Committee Name

DAN WINSLOW FOR US SENATE COMMITTEE

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

NONE

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 STACEY STRINGFELLOW

Mailing Address PO BOX 1035

WRENTHAM MA 02093

Title or Position CITY STATE ZIP CODE

TREASURER 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 STACEY STRINGFELLOW

Mailing Address PO BOX 1035

WRENTHAM MA 02093

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

13020111460

Full Name of Designated Agent

CABELL HOBBS

Mailing Address

PO BOX 365

MCLEAN

CITY

VA

STATE

22101

ZIP CODE

Title or Position

ASST. 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.

CITIZENS BANK

Mailing Address

ONE FINANCIAL CENTER

BOSTON

CITY

MA

STATE

02108

ZIP CODE

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445 LAUGHLIN AVENUE

MCLEAN

CITY

VA

STATE

22101

ZIP CODE

13020111461

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

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UPS _____

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AIRBORNE EXPRESS _____

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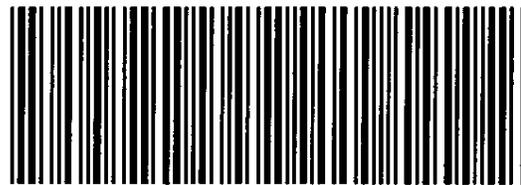
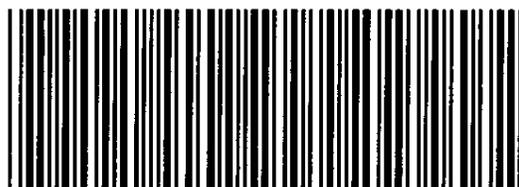
PREPARER

DH

DATE PREPARED

2-14-13

13020111462



13020111463