1. NAME OF COMMITTEE (in full)  
   (Check if name is changed)  
   Example: If typing, type over the lines.  
   [12FE4M5]  
   Carly for America  

   ADDRESS (number and street)  
   (Check if address is changed)  
   [PO Box 25674]  
   Alexandria  
   VA 22313  

   COMMITTEE’S E-MAIL ADDRESS  
   (Check if address is changed)  
   [brenda@electioncfo.com]  

   COMMITTEE’S WEB PAGE ADDRESS (URL)  
   (Check if address is changed)  

2. DATE  
   [03/01/2016]  

3. FEC IDENTIFICATION NUMBER  
   [C00610568]  

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  
   [Brenda Hankins]  

   Signature of Treasurer  
   [Brenda Hankins]  
   [Electronically Filed]  
   Date  
   [03/02/2016]  

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. Name of Committee: 

FEC ID number: C

2. Name of Committee: 

FEC ID number: C

3. Name of Committee: 

FEC ID number: C

4. Name of Committee: 

FEC ID number: C
## Carly for America

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

NONE

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Chris Marston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>PO Box 26141</td>
</tr>
<tr>
<td></td>
<td>Alexandria</td>
</tr>
<tr>
<td></td>
<td>VA 22313</td>
</tr>
<tr>
<td>Title or Position</td>
<td>CITY</td>
</tr>
<tr>
<td>Assistant Treasurer</td>
<td>STATE</td>
</tr>
<tr>
<td>Telephone number</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Full Name of Treasurer</th>
<th>Brenda Hankins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>PO Box 26141</td>
</tr>
<tr>
<td></td>
<td>Alexandria</td>
</tr>
<tr>
<td></td>
<td>VA 22313</td>
</tr>
<tr>
<td>Title or Position</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Telephone number</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>
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**

Mailing Address: 1445-A Laughlin Ave

McLean, VA 22101

CITY: McLean
STATE: VA
ZIP CODE: 22101

Name of Bank, Depository, etc.

Mailing Address

CITY
STATE
ZIP CODE