

# HAND DELIVERED

FEC  
FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2019 SEP 13 PM 12:52

Office Use Only

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

12FE4M5

Stephen Lyons for president

ADDRESS (number and street)

(Check if address  
is changed)

9001 Baltimore Rd

Frederick

CITY▲

MD

MD

ZIP CODE▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

lyons for president@gmail.com

Optional Second E-Mail Address

StephenPatrickLyons@AOL.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

Lyons2020.com

StephenPatrickLyons.com

2. DATE

09 / 13 / 2019

3. FEC IDENTIFICATION NUMBER ►

C

to be assigned

4. IS THIS STATEMENT

NEW (N)

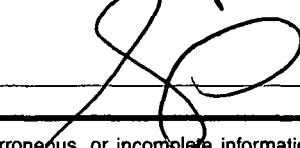
AMENDED (A)

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

Stephen Lyons Sr

Signature of Treasurer



Date

09 / 13 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

**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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

### Candidate Party Affiliation

11

**Office  
Sought:**

## House

Senate

## President

## State

11

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

Name of  
Candidate

11. *What is the primary purpose of the following statement?*

### **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 style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	<input checked="" type="checkbox"/>
2.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	<input checked="" type="checkbox"/>
3.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	<input checked="" type="checkbox"/>
4.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	<input checked="" type="checkbox"/>

Write or Type Committee Name

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

Mailing Address

 CITY       STATE       ZIP CODERelationship:  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

 Stephen Lyons Sr

Mailing Address

 9001 Baltimore Rd Frederick       MD       21704

Title or Position

CITY

STATE

ZIP CODE

Telephone number

301-802-4003

## 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 Stephen Lyons Sr

Mailing Address

 9001 Baltimore Rd Frederick       MD       21704

Title or Position

CITY

STATE

ZIP CODE

Telephone number

301-802-4003

Full Name of  
Designated  
Agent

Orlando DeCar

Mailing Address

9001 Baltimore Rd

Frederick

CITY

MD

21701

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

301-802-4003

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.

Capital One Bank

402 E. Ridgeway (e. Blvd

MD

20771

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

CITY

STATE

ZIP CODE

# Hand Delivered

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ES	9/13/19
PREPARER (3/2015)	DATE PREPARED