

FEC  
FORM 1STATEMENT OF  
ORGANIZATIONRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS2018 FEB -5 AM 11:44  
Office Use Only

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

12FE4M5

BERT FOR SENATE

ADDRESS (number and street)

PO BOX 838

- ☐ (Check if address is changed)

MCLEAN

CITY ▲

VA

STATE ▲

22101

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☐ (Check if address is changed)

CHRIS@ELECTIONCFO.COM

Optional Second E-Mail Address

BRENDA@ELECTIONCFO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
01 / 29 / 2018

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 MARSTON, CHRIS, . .

Signature of Treasurer

MARSTON, CHRIS, . .

Date

MM / DD / YYYY  
01 / 29 / 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.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**BERT FOR SENATE**

## 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

HANKINS, BRENDA, , ,

Mailing Address

PO BOX 26141

ALEXANDRIA

VA

22313

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT 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

MARSTON, CHRIS, , ,

Mailing Address

PO BOX 26141

ALEXANDRIA

VA

22313

Title or Position  
TREASURER

CITY

STATE

ZIP CODE

Telephone number

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

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.

EAGLE BANK

Mailing Address

2001 K ST NW

WASHINGTON

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

885411002050206101

UNITED STATES SENATE  
United States Senate  
Post Office

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INSPECTION

UNITED STATES SENATE  
United States Senate  
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<b>PRIORITY MAIL 1-DAY™</b>			
CHRISTOPHER M MARSTON ELECTION CFO 110 SHOOTERS CT ALEXANDRIA VA 22314-4649		Expected Delivery Date: 01/30/18  <b>0024</b>	
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SHIP TO:  SENATE OFFICE OF PUBLIC RECORDS 232 HART SENATE OFFICE BUILDING WASHINGTON DC 20510-7116		<i>Screened by Senate Post Office FEB 01 2018</i>	
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 **UNITED STATES POSTAL SERVICE**

EP14F J  
OD: 12.5

2018020909560107

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_

USPS PRIORITY MAIL 1/29/18  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☒

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

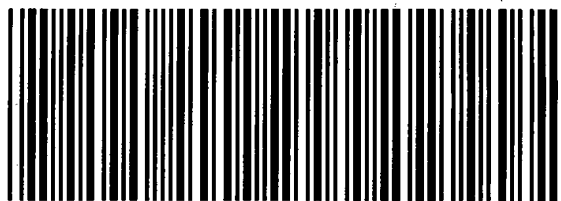
RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

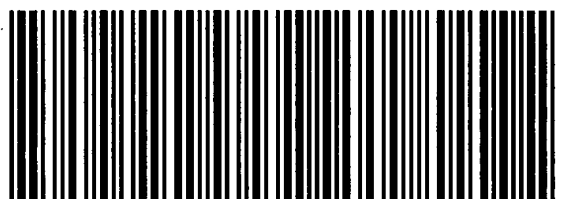
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/5/18



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SEN PATCH

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