					MET A ST. ST. S.
FEC FORM 1		STATEMEN ORGANIZ		FEC	RECEIVED MAIL CENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
O'Malley for Pro	esident	, _1.] <u> </u>	<u> </u>	II I II.I.	ليبيبي
ADDRESS (number a	nd street)	01 St. Paul Street, S	uite 114	I <u>IIII</u>	
☐ < (Check if a is changed	1) L_L	altimore CITY		LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	21202 ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS	•			
☐ < (Check if a is changed		ompliance@martin	omalley.com		
	•	onal Second E-Mail Ad	dress	<u>II.III</u>	
COMMITTEE'S WEB	address _I W	S (URL) ww.MartinOMalle	y.com		
2. DATE 05 29 2015					
3. FEC IDENTIFICATION NUMBER ►					
4. IS THIS STATE	MENT X	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	Terry Lee Lierman			
Signature of Treasur	er fly	Mun-		Date 05	29 2015
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			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1	(Revised	02/2009)
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5.	TYPE	TYPE OF COMMITTEE			
	Candidate Committee:				
	(a)	X	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. (Co			This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
	Name of Martin Joseph O'Malley Candidate				
	Candidate Office State State DEM Sought: House Senate X President District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Com	nmittee:		
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.		
	Polit	tical A	ction Committee (PAC):		
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
			Corporation Corporation w/o Capital Stock		
			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 par 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.			
		2.			
		3.			
		4.			

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Write or Type Committee Name

O'Malley for President

6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fun	draising Representative, c	or Leadership PAC Sponsor	
None 				
Mailing Address				
	CITY	STATE	ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optio	nal) and position of the pe	rson in possession of committee	
Full Name	rooke Arends			
Mailing Address	1501 St. Paul Street, Suite 114			
	Baltimore	MD		
Title or Position	CITY	STATE	ZIP CODE	
Assistant Treasurer		443 Telephone number	3 552 7790 	

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	Terry Lee Lierman
Mailing Address	1501 St. Paul Street, Suite 114
	Baltimore [MD] [21202] - [2846]
	CITY STATE ZIP CODE
Title or Position	
Treasurer	
L	

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	Full Name of			
	Designated Hailey Hailey Hailey H	Brooke Arends		
	-	1501 St. Paul Street, Suite 114	<u>,</u> _	· · · · · · · · · · · · · · · ·
	Mailing Address		└──╿┈┈┛──┙┵╸╵╽╴╽	└──┴──┴──┴──┴──┴──┴──┴
		Baltimore		21202 1 2846
			STATE	21202 ZIP CODE
	Title or Position	CITY	STATE	
	Assistant Treasurer	Telephone	number	
	· · · · · · · · · · · · · · · · · · ·	*		
9.	Banks or Other Depositor	les: List all banks or other depositories in which the corr	mittee deposits	funds, holds accounts, rents
	safety deposit boxes or mai Name of Bank, Depository,			
	Amalg	amated Bank		
	Mailing Address	1825 K Street NW		
		Washington	DC	20006
		CITY	STATE	ZIP CODE
	Name of Bank, Depository,	etc.	· · · · · · · · · · · · · · · · · · ·	
	Mailing Address			
		CITY	STATE	ZIP CODE

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	Next Business Day Delivery		
Date of Receipt Date of Receipt Received from House Records & Registration Office			
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
J 4	5/27/15		
PREPARER	DATE PREPARED		
(3/2015)			