

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 JAN 31 AM 8:05
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 4 12 MAIL CENTER

HAROLD PAINTER FOR CONGRESS COMMITTEE

ADDRESS (number and street)

HIGH HUNGERFORD DRIVE

☐

(Check if address
is changed)

STE 223

ROCKVILLE

CITY ▲

MD

STATE ▲

20859

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒

(Check if address
is changed)

PAINTERFORCONGRESS@YAHOO.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

☐

(Check if address
is changed)

2. DATE

01 ' 24 ' 2014

3. FEC IDENTIFICATION NUMBER ►

C00553982

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

Harold W. Painter, CEA

Signature of Treasurer

Harold Painter

Date

01 ' 24 ' 2014

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 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

HAROLD WALTON PAINTER

Candidate
Party Affiliation

REP

Office
Sought:

House



Senate



President

State

MD

District

06

- (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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

14031170672

Write or Type Committee Name

Harold Painter for Congress Committee

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

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

Mailing Address

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

Mailing Address

Title or Position

TREASURER

Telephone number

Full Name of
Designated
Agent

HAROLD WALTON PAINTER

Mailing Address

416 HUNGERFORD DRIVE

STE 223

ROCKVILLE

CITY

MD

STATE

20850-

ZIP CODE

Title or Position

TREASURER

Telephone number

301-424-1663

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.

MT BANK

Mailing Address

401 NORTH WASHINGTON STREET

ROCKVILLE

CITY

MD

STATE

20850-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

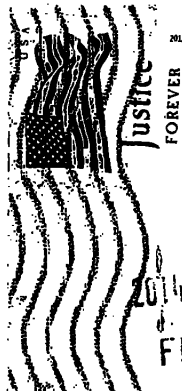
STATE

ZIP CODE

14031170674

14031170675

HAROLD PAINTER
CERTIFIED PUBLIC ACCOUNTANT
416 HUNGERFORD DR #219
ROCKVILLE, MD 20850



CAPITAL DISTRICT 200/208

27 JAN 2014 PM 3:1

RECEIVED
2014 JAN 31 AM 8:00
FEC MAIL CENTER

Federal Election Commission
999 E Street, NW
Washington, DC

20463

20463



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.

☐ Hand Delivered	Date of Receipt
---	-----------------

☒ USPS First Class Mail	Postmarked 1/27/14
---	-----------------------

☐ USPS Registered/Certified	Postmarked (R/C)
--	------------------

☐ USPS Priority Mail	Postmarked
---	------------

☐ USPS Priority Mail Express	Postmarked
---	------------

☐ Postmark Illegible	
---	--

☐ No Postmark	
--------------------------------------	--

☐ Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery ☐

☐ Received from House Records & Registration Office	Date of Receipt
--	-----------------

☐ Received from Senate Public Records Office	Date of Receipt
---	-----------------

☐ Received from Electronic Filing Office	Date of Receipt
---	-----------------

☐ Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

 PREPARER (8/2013)	1/31/14 DATE PREPARED
---	--------------------------

14031170676