FEC FORM 1

STATEMENT OF ORGANIZATION

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

AEGISPAC

ADDRESS (number and street)

PO BOX 26141

☐ (Check if address is changed)

ALEXANDRIA

CITY ▲

VA 22313

STATE ▲

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

06 16 2015

3. FEC IDENTIFICATION NUMBER ▶

C00579557

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

CHRIS MARSTON

Signature of Treasurer

CHRIS MARSTON

[Electronically Filed] Date

06 17 2015

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: ____________________________

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) X □ 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. ____________________________ [FEC ID number C]________________________

2. ____________________________ [FEC ID number C]________________________

3. ____________________________ [FEC ID number C]________________________

4. ____________________________ [FEC ID number C]________________________
Write or Type Committee Name

AEGISPAC

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

NONE

Mailing Address

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.

BRENDA HANKINS

PO BOX 26141

ALEXANDRIA VA 22313

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).

CHRIS MARSTON

PO BOX 26141

ALEXANDRIA VA 22313

TREASURER

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

7830 OLD GEORGETOWN RD

FL 3

BETHESDA  MD  20814

CITY  STATE  ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY  STATE  ZIP CODE