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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **MARLIN PAC** PO BOX 26141 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00492868 FEC IDENTIFICATION NUMBER > 3. X 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. Christopher M Marston Type or Print Name of Treasurer Christopher M Marston [Electronically Filed] 07 12 2014 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC Ea	rm 1 (Paying 02/2000)	Page <b>2</b>
		OMMITTEE	гау <b>е 2</b>
		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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	e	
MARLIN PAC		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
MARLIN A STUTZMA	N	
Mailing Address	0250 W 600 N	
	HOWE IN 46746	
	CITY STATE	ZIP CODE
_		
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative X Le	adership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
	er M Marston	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria VA 22313-6	5141 
Title or Position	CITY STATE	ZIP CODE
Treasurer		482 7690
. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name Christophe	er M Marston	
of Treasurer		
Mailing Address	PO Box 26141	
	Alexandria VA 22313-6	6141   -
T	CITY STATE	ZIP CODE
Title or Position Treasurer		482 7690

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	·	
safety deposit boxes Name of Bank, Dep	Vells Fargo	July accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds. ository, etc.	
safety deposit boxes Name of Bank, Dep	Vells Fargo  420 Montgomery St	
safety deposit boxes Name of Bank, Dep	Sor maintains funds.  Ository, etc.  Vells Fargo  420 Montgomery St  San Francisco  CA  94104  CITY  STATE	1 1
safety deposit boxes Name of Bank, Dep  W Mailing Address  Name of Bank, Dep	Sor maintains funds.  Ository, etc.  Vells Fargo  420 Montgomery St  San Francisco  CA  94104  CITY  STATE	t ZIP CODE
Safety deposit boxes  Name of Bank, Dep  W  Mailing Address  Name of Bank, Dep	Sor maintains funds.  Ository, etc.  Vells Fargo  420 Montgomery St  San Francisco  CA  94104  CITY  STATE	t ZIP CODE
safety deposit boxes Name of Bank, Dep  W Mailing Address  Name of Bank, Dep	Sor maintains funds.  Ository, etc.  Vells Fargo  420 Montgomery St  San Francisco  CA  94104  CITY  STATE	t ZIP CODE
safety deposit boxes Name of Bank, Dep    V   Mailing Address	Sor maintains funds.  Ository, etc.  Vells Fargo  420 Montgomery St  San Francisco  CA  94104  CITY  STATE	t ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor STUTZMAN VICTORY FUND PO BOX 26141 Mailing Address **ALEXANDRIA** 22313 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number