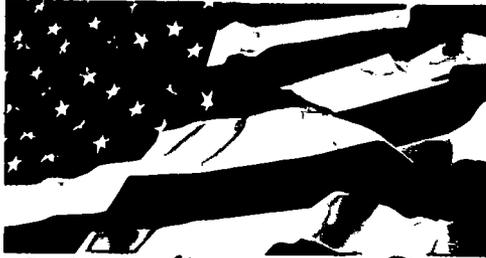


FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2014 SEP 16 PM 2:31



DEAR SIR, MAM-- 8/29/14

THE ATTACHMENT CONSISTS
OF AN AMENDED STATEMENT
OF ORG. AND THE FILING REPORT
FOR JUN 30TH

THE CAMPAIGN TO ELECT
BEN HUDSON 2014 TO CONGRESS
BECAME INACTIVE SHORTLY
AFTER THE DEMOCRATIC PARTY
CONGRESSIONAL CONVENTION,
MAY 31ST, IN WHICH HUDSON
DID NOT RECEIVE THE PARTY'S
NOMINATION. RESPECTFULLY,

BEN HUDSON
(434) 305 0958
No One Does More For Veterans

140001100110011

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

7/10/14 11:49 AM

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

BEN HUDSON FOR CONGRESS

ADDRESS (number and street)

274 LEXIE LN

(Check if address
is changed)

PALMYRA

CITY ▲

V.G

STATE ▲

22963

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

ben@benhudson2014.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.benhudson2014.com

2. DATE

06

19

2014

3. FEC IDENTIFICATION NUMBER ▶

C00557637

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

BENJAMIN L. HUDSON

Signature of Treasurer

Benjamin L. Hudson

06

19

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)

1103110912014

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 BEN HUDSON

Candidate Party Affiliation DEM 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) 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	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

Write or Type Committee Name

BEN HUDSON FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

BENJAMIN L HUDSON

Mailing Address

274 LEXIE LN

PALMYRA

VA

22963

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

434-305-0958

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

Telephone number

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

BBBT [Empty grid for Name of Bank, Depository, etc.]

Mailing Address

2033 IVY RD [Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

CHARLOTTESVILLE Va 22917 [Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

FRONT FRONT FRONT

RECEIVED

2014 SEP 16 AM 11:49

FEC MAIL CENTER

FEDERAL ELECTION COMMISSION
999 E. STREET, NW
WASHINGTON, DC 20463

12-05-14

