Image# 201604089012281763			PAGE 1 / 4 -									
FEC FORM 1	STATEMEI ORGANIZ											
			Offic	ce Use Only								
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5									
Dan Cox for Con	igress											
	P.O. Box 545											
ADDRESS (number and street)												
is changed)												
	Emmitsburg │ │ │ │ │ │ │ │ │ │ │ CITY ▲		MD 2172 STATE ▲	ZIP CODE▲								
COMMITTEE'S E-MAIL ADDRI	ESS											
(Check if address is changed)	info@coxforcongress.c	-										
- <i>i</i>	Optional Second E-Mail Ad	dress										
(Check if address is changed)	www.coxforcongress.org											
	08 / Y Y Y Y 2016											
3. FEC IDENTIFICATION N	IUMBER ► C c	00614362										
4. IS THIS STATEMENT	K NEW (N) OR	AMENDED (A)										
I certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and	complete.								
-												
Type or Print Name of Treasure	er Daniel Razvi											
Signature of Treasurer	iel Razvi	[Electronically Filed]	Date 04	08 / Y Y Y Y 08 2016								
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g								
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)								

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FEC	C Form 1 (Revised 02/2009)	Page 2
TYPE C	DF COMMITTEE	
Candio	date 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 information below.)	the candidate
Name of Candida		
Candida		State
Party Af		District 08
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		ocratic, blican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock	oor Organization
	Membership Organization Trade Association Cod	operative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
C	Committees Participating in Joint Fundraiser	
1	1 FEC ID number C	
2	2. FEC ID number	
3	3 FEC ID number C	
4	4 FEC ID number C	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Dan Cox for Congress

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

N												
	Mailing Address											
		C	ITY		STATE	ZIP CODE						
	Relationship: Connected	Organization Affiliated	I Committee	oint Fundraising	Representative	Leadership PAC Sponsor						
7.	Custodian of Records: Identibooks and records.	ify by name, address (pho	one number opti	onal) and position	on of the person in p	oossession of committee						
	Full Name	P.O. Box 545										
	Mailing Address	P.O. B0X 345										
		Emmitsburg			MD 21727	,						
	Title or Position	CI	ITY		STATE	ZIP CODE						
	Candidate			Telephone num	ber							
8.	Treasurer: List the name and any designated agent (e.g., a		optional) of the t	treasurer of the	committee; and the	name and address of						
	Eull Nama Daniel Razy	vi										

Full Name																									r.
of Treasurer																									
Mailing Address	P	.O. Box 545																							
	L																								
	LE	Emmitsburg												L	MD			217	27			- [_			
		CITY									STATE									ZIP CODE					
Title or Position Treasurer				<u> </u>						Те	leph	one	nur	nbe	r				- [_		1	- [_]

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Dan Cox																		
Mailing Address		P.O. Box 545																	
		Emmitsburg											'27 						
			CITY	·					STAT	Е			Z	ZIP CODE					
Title or Position						Telep	hone	num	lber						-[

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.

	BB&T																								
Mailing Address		22940 Jef	ferson	BLV)					<u> </u>															
		Smithsbu	rg											ME)		2	1783							
		CITY											STATE							ZIP CODE					
Name of Bank, D	epository, e	tc.																							
			_ _																						
Mailing Address																									
					CI	ΓY							S	TATE	Ξ				Z	ZIP	COE	DE			