

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 15
FEC MAIL CENTER

THE COMMITTEE TO ELECT CHARLES A LONG

ADDRESS (number and street)

3945 CLOVERHILL RD

(Check if address
is changed)

BALTIMORE

CITY 3

MD

STATE 3

21218-1708

ZIP CODE 3

COMMITTEES E-MAIL ADDRESS

(Check if address
is changed)

charleslong4congress@gmail.com

Optional Second E-Mail Address

COMMITTEES WEB PAGE ADDRESS (URL)

(Check if address
is changed)

http://charleslongforcongress.com

2. DATE

M M / D D / Y Y Y Y
07 / 03 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

CHARLES A. LONG

Signature of Treasurer

Charles A. Long

Date

M M / D D / Y Y Y Y
07 / 03 / 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)

Candidate Committee:

- Name of Candidate

CHARLES A LONG

REP:

X

Hōuse

Señatē

Präsident

State

ND

District

iii

- Name of Candidate

Political Action Committee (PAC):

- ## Cooperative

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

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

The Committee to Elect Charles A Long

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

CHARLES A LONG

Mailing Address

3945 CLOVERHILL RDBALTIMOREMD21218-1708

Title or Position

CITY

STATE

ZIP CODE

BOOKKEEPER

Telephone number

410-366-1766

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

CHARLES A LONG

Mailing Address

3945 CLOVERHILL RDBALTIMOREMD21218-1708

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

410-366-1766

Full Name of
Designated
Agent

TINA L TRAPANE

Mailing Address

3945 CLOVERHILL RD

BALTIMORE

CITY

MD

STATE

21218-1708

ZIP CODE

Title or Position

ASSISTANT 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.

4460-3172-9561

BANK OF AMERICA, N.A.

Mailing Address

3121 ST PAUL ST

BALTIMORE

CITY

MD

STATE

21218-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

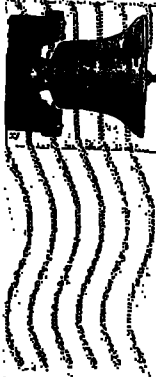
STATE

ZIP CODE

3945 Cloverhill Rd
Baltimore, MD 21218-1708

BAITIMORE MD 212

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Federal Election Commission
999 E Street, NW
Washington, DC 20463

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