

FEC
FORM 1

STATEMENT OF
ORGANIZATION

PAGE 1/4

RECEIVED BY
17 JUL 28 AM 11:12
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MARYLANDERS FOR RIKKI VAUGHN 2018

ADDRESS (number and street)

PO BOX 3221

(Check if address
is changed)

CATONSVILLE

CITY

MD

STATE

21228

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

RIKKI.VAUGHN@YAHOO.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

VAUGHNFORUSSENATE2018.COM

2. DATE

07 / 14 / 2017

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 GILLIAM, IVEY, LEE, .

Signature of Treasurer

GILLIAM, IVEY, LEE, .

Date

07 / 15 / 2017

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

VAUGHN, RICHARD, RIKKI,

Candidate Party Affiliation

DEM

Office Sought:

House

☒

Senate

President

State

MD

District

00

- (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 C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

201707280200244734

Write or Type Committee Name

MARYLANDERS FOR RIKKI VAUGHN 2018

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

NONE

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

STARKS, ELLEN, , ,

Mailing Address

PO BOX

CATONSVILLE

MD

21228

Title or Position

CITY

STATE

ZIP CODE

COMMITTEE CO-CHAIR

Telephone number

843

870

2056

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

GILLIAM, IVEY, LEE, ,

Mailing Address

5106 QUEENSBERRY

BALTIMORE

MD

21215

CITY

STATE

ZIP CODE

Title or Position
TREASURER

Telephone number

443

889

7406

2017072380200244793

Full Name of
Designated
Agent

PACE, ALEX, , ,

Mailing Address

PO BOX 3221

CATONSVILLE

CITY

MD

STATE

21228

ZIP CODE

Title or Position

CAMPAIGN MANAGER

Telephone number

443

401

4111

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.

WELLS FARGO BANK

Mailing Address

860 N ROLLING ROAD

CATONSVILLE

CITY

MD

STATE

21228

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2017072802002447930

28 SEP 2013 10:00 AM
United States Senate
Post Office

United States Senate
Post Office

INSPECTION

United States

OPENED
FOR
INSPECTION

PRESS FIRMLY TO SEAL

PRIORITY
MAIL
PRESS

POST SERVICE IN THE U.S.

United States Senate
Post Office



OPENED
FOR
INSPECTION

INTERNATIONALLY,
A POSTAGE
DECLARATION
MAY BE REQUIRED.



2013 OD: 12.5 x 9.5



PRESS FIRMLY TO SEAL



1007

20510



20510
JUL 25 2013
AMOUNT
\$23.75
R2304M110671-15

20510
JUL 25 2013
AMOUNT
\$23.75
R2304M110671-15

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 410-452-4482

Richard Vaughn
9034 Sunny Shade Ct.
Perry Hall MD 21228

Screened by 23
Senate Post Office

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. (If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle at their specified location without attempting to obtain the addressee's signature on delivery.)
Delivery Options:
☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE 202-1694-1100

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Bldg.
Washington DC
ZIP 20540 (U.S. ADDRESSES ONLY)

20510-7116

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.



EL863650959US

EL863650959US

PRIORITY
MAIL
PRESS

UNITED STATES
POSTAL SERVICE

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day	☐ 2-Day	☐ Military	☐ DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
21228	7/26/13	\$ 23.75	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	
7/25/13	☐ 10:30 AM ☐ 3:00 PM ☒ 12 NOON	\$	
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	
12:58 PM	\$	\$	
Special Handling/fragile	Weight	Live Animal Transportation Fee	
\$	12.58 lb	\$	
	Weight	Total Postage & Fees	
	12.58 lb	\$ 23.75	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature

3-ADDRESSEE COPY

This packaging is the property of the U.S. Postal Service and is provided solely for use in sending Priority Mail Express shipments. Misuse may be a violation of federal law. This packaging is not for resale. EPI3F © U.S. Postal Service, July 2013. All rights reserved.

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL **7-25-17**
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **SR** DATE PREPARED **7-28-17**

4/04/16

201707280344795



—



2307107728002447435