Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MASTERS OF FOXHOUNDS ASSOCIATION POLITICAL ACTION COMMITTEE (MFHA PAC) P.O. Box 363 ADDRESS (number and street) (Check if address is changed) Millwood 22646 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS office@mfha.com (Check if address is changed) Optional Second E-Mail Address info@campaignfinancial.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.mfha.org (Check if address is changed) DATE 2016 C00526699 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. Twiggs, W. David, , , Type or Print Name of Treasurer Twiggs, W. David, , , [Electronically Filed] 04 19 2017 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

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE 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
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	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)	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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.	
Com	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.	FEC ID number C	

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Write or Type Committee Name		
MASTERS OF FOXH	OUNDS ASSOCIATION POLITICAL ACTION COMMITTE	EE (MFHA PAC)
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	
Masters of Foxhounds	Association	
		
Mailing Address	P.O. Box 363	
	Millwood VA 22646	
	CITY STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Twiggs, W	. David, , ,	
Mailing Address	PO Box 363	
	Millwood VA 22646	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		654 3220
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nates assistant treasurer).	ame and address of
Full Name Twiggs, W. of Treasurer	. David, , ,	
Mailing Address	PO Box 363	
	Millwood VA 22646	
Title or Position , Treasurer	CITY STATE	ZIP CODE 654 3220
<u> </u>	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, he loxes or maintains funds. Depository, etc. Middleburg Bank	olds accounts, rents
safety deposit be	Depository, etc. Middleburg Bank PO Box 5	olds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Middleburg Bank PO Box 5	
safety deposit be Name of Bank,	Depository, etc. Middleburg Bank PO Box 5	
safety deposit be Name of Bank,	Depository, etc. Middleburg Bank PO Box 5 Middleburg CITY STATE	8
safety deposit be Name of Bank, Mailing Address	Depository, etc. Middleburg Bank PO Box 5 Middleburg CITY STATE	8
safety deposit be Name of Bank, Mailing Address	Depository, etc. Middleburg Bank PO Box 5 Middleburg CITY STATE Depository, etc.	8
Safety deposit be Name of Bank, Mailing Address	Depository, etc. Middleburg Bank PO Box 5 Middleburg CITY STATE Depository, etc.	8
Name of Bank, Name of Bank, Name of Bank,	Depository, etc. Middleburg Bank PO Box 5 Middleburg CITY STATE Depository, etc.	8