Image# 13964054801		07/14/2013 19 : 32
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FEC	STATEMENT OF	
FEC FORM 1	ORGANIZATION	
		Office Use Only
1. NAME OF	(Check if name Example: If typing, type	12FE4M5
COMMITTEE (in full)	is changed) over the lines.	
O'DONNELL FO	R CONGRESS	
	1424 SOLOMONS ISLAND ROAD NORTH	
ADDRESS (number and street)		
<ul> <li>(Check if address is changed)</li> </ul>		
		MD   20678     -
	CITY 🔺	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS	
X (Check if address	jackiejacob@comcast.net	
is changed)	Optional Second E-Mail Address	
	della14@comcast.net	
COMMITTEE'S WEB PAGE AD	DBESS (UBL)	
(Check if address		I
is changed)		
2. DATE 07 1	4 2013	
3. FEC IDENTIFICATION N	UMBER ► C C00508044	
-		
4. IS THIS STATEMENT	NEW (N) OR X AMENDED (A)	
I certify that I have examined t	his Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er Jacqueline B. Jacob	
Signature of Treasurer	ueline B. Jacob [Electronically Filed]	Date 07 / D D / Y Y Y Y 2013
NOTE: Submission of false, erron	eous, or incomplete information may subject the person signin ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office	For further information	r contact: FEC FORM 1
Use Only	Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	(Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP		OMMITTEE	-
Ca	ndidate	e 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. (Compinformation below.)	lete the candidate
	ne of ididate	Anthony J. O'Donnell	
	ididate ty Affiliat	on REP Office Sought: X House Senate President	State MD District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Cor	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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 seg committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Corr	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

## O'DONNELL FOR CONGRESS

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

Mailing Address																								
														L			L	 	_			-L		
							(	СІТЪ	/					S	TAT	ΓE			Z	IP	СС	DE		
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.

Jacqueline	B. Jacob									
Full Name										
Mailing Address	11875 Manoe Co	ourt								
	Lusby					M	D	20657		
Title or Position		CI	ΤY			STAT	Ē		ZIP CODE	
Treasurer				Те	lephone	number	41	0	326	8069

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	Jacqueline Jacob
Mailing Address	11875 Manoe Court
	Lusby
	CITY STATE ZIP CODE
Title or Position	Image: Telephone number     410     326     8069

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Full Name of Della R Della R Agent	Stull
Mailing Address	1910 Manning Circle
	Dunkirk         MD         20754           -         -         -         -
	CITY STATE ZIP CODE
Title or Position Assistant Treasurer	Telephone number     410     257     7333

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.

M&T B	ank		
Mailing Address	Solomons Island Road		
	Dunkirk	MD	20754
	CITY	STATE	ZIP CODE
Name of Bank, Depository, o	etc.		
Mailing Address			
	L		
	CITY	STATE	ZIP CODE