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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HELMER FOR CONGRESS PO Box 650218 ADDRESS (number and street) (Check if address is changed) Sterling 20165 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DARRYL@COMMONCENTSCONSULTING.NET (Check if address X is changed) Optional Second E-Mail Address Tara@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.helmerforcongress.com (Check if address is changed) DATE 07 2018 C00636738 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. Tattrie, Darryl, , , Type or Print Name of Treasurer Tattrie, Darryl, , , [Electronically Filed] 03 07 2018 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 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ı below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)  Name of Conditates	e. (Complete the candidate
Candidate  Candidate  Party Affiliation  Candidate  Party Affiliation  Candidate  Party Affiliation  Candidate  Party Affiliation  Candidate  Pres	State VA sident District 10
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	ittee.
Name of Candidate	<u> </u>
Party Committee:  (National, State	(Democratic,
(d) This committee is a or subordinate) committee of the	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 sep committee. (i.e., nonconnected committee)	arate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal car	•
(h) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate	
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2.	
3.	
4.	

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name	·	-
HELMER FOR	CONGRESS	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
CULLUM NUMBER VI	9 EAST ST  UNIT 2  BOSTON  MA  0211  CITY  STATE	11 ZIP CODE
	d Organization X Affiliated Committee Joint Fundraising Representative Intify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor  n possession of committee
Tattrie, Da Full Name  Mailing Address	PO Box 650218  Sterling  VA 2016	65
Title or Position	CITY STATE	ZIP CODE
Treasurer		
<ol> <li>Treasurer: List the name and any designated agent (e.g., a</li> </ol>	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name of Treasurer  Mailing Address	PO Box 650218	
	CITY STATE	ZIP CODE
Title or Position Treasurer		7598

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
	= Telephone number	
Banks or Other Dep safety deposit boxes Name of Bank, Depo		as accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	as accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.  nited Bank  4100 Monument Corner Dr	ZIP CODE
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.  nited Bank  4100 Monument Corner Dr  Fairfax  VA  22030  CITY  STATE	
safety deposit boxes Name of Bank, Depo  U  Mailing Address	or maintains funds. sitory, etc.  nited Bank  4100 Monument Corner Dr  Fairfax  VA  22030  CITY  STATE	
safety deposit boxes Name of Bank, Depo  U  Mailing Address	or maintains funds. sitory, etc.  nited Bank  4100 Monument Corner Dr  Fairfax  CITY  STATE  sitory, etc.	
Name of Bank, Depo  Mailing Address  Name of Bank, Depo	or maintains funds. sitory, etc.  nited Bank  4100 Monument Corner Dr  Fairfax  CITY  STATE  sitory, etc.	
Name of Bank, Depo  Mailing Address  Name of Bank, Depo	or maintains funds. sitory, etc.  nited Bank  4100 Monument Corner Dr  Fairfax  CITY  STATE  sitory, etc.	