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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. FRIENDS OF FRANK WOLF 2635 Oakton Glen Dr. ADDRESS (number and street) (Check if address is changed) Vienna 22181 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kamal.rahal@verizon.net (Check if address is changed) Optional Second E-Mail Address mmbohn@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00166017 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. Kamal Rahal Type or Print Name of Treasurer Kamal Rahal [Electronically Filed] 10 13 2015 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

	EEC E o	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		Committee:	
(a)	X	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	FRANK R. Rudolf WOLF	
	didate / Affiliati	on Rep Office Sought: X House Senate President	State VA District 10
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damagratia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 scommittee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name				raye 3	_
FRIENDS OF FRANK WOLF	-				
6. Name of Any Connected Organization, Affiliated Co		ndraising Repr	esentative, o	or Leadership PAC Sponso	— r
NONE	·	3 1	·		
Mailing Address					
	CITY		STATE	ZIP CODE	
Relationship: Connected Organization Affiliated	d Committee J	oint Fundraising	Representati	Leadership PAC Spo	nsor
 Custodian of Records: Identify by name, address (ph books and records. 	one number opt	onal) and position	on of the per	son in possession of comm	ittee
Full Name					
Mailing Address					
Title or Position	ITY		STATE	ZIP CODE	
		Telephone num	ber		
 Treasurer: List the name and address (phone number any designated agent (e.g., assistant treasurer). 	optional) of the	treasurer of the	committee; a	and the name and address of	of
Full Name Kamal Rahal					. 1
of Treasurer					
Mailing Address					Ш,
. Viana			1)/^ /	122184	Ш
Vienna	ITY		VA STATE	ZIP CODE	Ш
Title or Position Mr.		Telephone numl	. 70		2

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Full Name of Designated		
Agent [
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De		s accounts, rents
safety deposit box Name of Bank, De	res or maintains funds.	accounts, rents
safety deposit box Name of Bank, De	The Business Bank 8399 Leesburg Pike	accounts, rents
safety deposit box Name of Bank, De	epository, etc. The Business Bank	s accounts, rents
safety deposit box Name of Bank, De	The Business Bank 8399 Leesburg Pike Vienna VA 22182	ZIP CODE
safety deposit box Name of Bank, De	The Business Bank 8399 Leesburg Pike Vienna Vienna Vienna Vienna Vienna Vienna Vienna Vienna	
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