

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICANS FOR LEGISLATIVE EXCELLENCE PAC

ADDRESS (number and street) PO BOX 1863  
 (Check if address is changed)  
MARTINSBURG WV 25402  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) COOPER.L.STEPHANIE@GMAIL.COM  
Optional Second E-Mail Address  
ALEXPAC@REDCURVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 12 / 16 / 2016

3. FEC IDENTIFICATION NUMBER C C00572362

4. 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.

Type or Print Name of Treasurer COOPER, STEPHANIE, , ,

Signature of Treasurer COOPER, STEPHANIE, , , [Electronically Filed] Date 12 / 16 / 2016

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.

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (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 \_\_\_\_\_

Write or Type Committee Name

# AMERICANS FOR LEGISLATIVE EXCELLENCE PAC

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

MOONEY, ALEXANDER XAVIER, , ,

Mailing Address

188 HUNTFIELD LANE

CHARLES TOWN

WV

25402

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 COOPER, STEPHANIE, , ,

Mailing Address P.O. BOX 1863

MARTINSBURG

WV

25402

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 304 - 702 - 5009

**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 ONOSZKO, PETER, , ,

Mailing Address PO BOX 1863

MARTINSBURG

WV

25402

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 304 - 702 - 5009

Full Name of Designated Agent: COOPER, STEPHANIE, , ,  
Mailing Address: P.O. BOX 1863  
MARTINSBURG WV 25402  
CITY STATE ZIP CODE  
Title or Position: ASSISTANT TREASURER  
Telephone number: 304 - 702 - 5009

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.

BANK OF CHARLES TOWN  
Mailing Address: 111 EAST WASHINGTON STREET  
CHARLES TOWN WV 25414  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK  
Mailing Address: 1445A LAUGHLIN AVENUE  
MCLEAN VA 22101  
CITY STATE ZIP CODE

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

MOONEY VICTORY FUND

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT STREET, 2ND FLOOR

BEVERLY

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C [ ]