

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Fresh Voices Fund

ADDRESS (number and street)

Po Box 365

 (Check if address  
is changed)

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

compliance@complianceconsultingva.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

2. DATE

MM  
12DD  
12YYYY  
2018

3. FEC IDENTIFICATION NUMBER ►

C C00692723

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 Hobbs, Cabell, , ,

Signature of Treasurer

Hobbs, Cabell, , ,

[Electronically Filed]

Date

MM  
12DD  
12YYYY  
2018

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

## Fresh Voices Fund

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

Mailing Address

PO BOX 500

CITY

STATE

ZIP CODE

GLENS FALLS

NY

12801

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

Hobbs, Cabell, , ,

Mailing Address

1390 Chain Bridge Rd

Suite 515

CITY

STATE

ZIP CODE

McLean

VA

22101

Title or Position

Treasurer

Telephone number

- - - - -

**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

Hobbs, Cabell, , ,

Mailing Address

1390 Chain Bridge Rd

Suite 515

CITY

STATE

ZIP CODE

McLean

VA

22101

Title or Position  
Treasurer

Telephone number

- - - - -

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

BB&T

2200 Wilson Blvd

Mailing Address

Suite 100

Arlington

VA

22201

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE