

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

COMMITTEE TO ELECT JOHN STONE

ADDRESS (number and street) 13016 Belle Meade Lane

(Check if address is changed)

Markham VA 22643
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

STONE@JOHNSTONEFORCONGRESS.COM

Optional Second E-Mail Address
ERWINSTONE44@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.JOHNSTONEFORCONGRESS.COM

2. DATE 06 / 07 / 2013

3. FEC IDENTIFICATION NUMBER C C00444422

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 Mr. JOHN ERWIN II Erwin STONE II

Signature of Treasurer Mr. JOHN ERWIN II Erwin STONE II [Electronically Filed] Date 06 / 07 / 2013

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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

COMMITTEE TO ELECT JOHN STONE

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

NONE

Mailing Address

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 Mr. JOHN ERWIN II Erwin STONE II

Mailing Address 4228 MATCH POINT DR

AUGUSTA

GA

30909

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 540 - 454 - 8772

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 ROY LUKE

Mailing Address 4031 BRADDOCK STREET

MARTINEZ

GA

30907

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 706 - 564 - 2888

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

THE FAUQUIER BANK

[Empty grid for THE FAUQUIER BANK]

Mailing Address

6464 MAIN STREET

[Empty grid for 6464 MAIN STREET]

[Empty grid for Mailing Address line 2]

THE PLAINS

[Empty grid for THE PLAINS]

VA

[Empty grid for VA]

20198

[Empty grid for 20198]

[Empty grid for ZIP code separator]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

PAY PAL

[Empty grid for PAY PAL]

Mailing Address

2211 NORTH FIRST STREET

[Empty grid for 2211 NORTH FIRST STREET]

[Empty grid for Mailing Address line 2]

SAN JOSE

[Empty grid for SAN JOSE]

CA

[Empty grid for CA]

95131

[Empty grid for 95131]

[Empty grid for ZIP code separator]

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]

BRAINTREE PAYMENTS SOLUTIONS

Mailing Address

111 NORTH CANAL STREET

SUITE 455

CHICAGO

IL

60606

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

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 [_____]

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]

PAY PAL

Mailing Address

2211 NORTH FIRST STREET

SAN JOSE CA 95131

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

[Empty address lines]

Mailing Address

[Empty address lines]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

[Empty name field]

Mailing Address

[Empty address lines]

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

[Empty telephone field]

Joint Fundraiser Participant

[ADDITIONAL]

[Empty name field]

FEC ID number

C [Empty FEC ID field]