Image# 201611219037216988				PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ			
			C	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Mooney for Cor	ngress 2016			
ADDRESS (number and street	PO Box 1863			
(Check if address				
is changed)	Martinsburg			402
			L L⊥ STATE ▲	
COMMITTEE'S E-MAIL ADD				
(Check if address is changed)	info@mooneyforcongr			
U ,	Optional Second E-Mail Ad	Idress		
(Check if address is changed)	mooneyforcongress.com			
2. DATE 11	21 / Y Y Y Y 21 2016			
3. FEC IDENTIFICATION	NUMBER ► C C	000506774		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examined	d this Statement and to the best	t of my knowledge and belief	it is true, correct and	d complete.
-				
Type or Print Name of Treas	urer Onoszko, Peter, , ,			
Signature of Treasurer	noszko, Peter, , ,	[Electronically Filed]	Date 11	21 / Y Y Y Y Y 2016
NOTE: Submission of false, en	roneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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TYPE OF C	OMMITTEE
Candidate	e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) X	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	Mooney, Alexander, Xavier, ,
Candidate Party Affiliati	on REP Office Sought: K House Senate President District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	
(d)	This committee is aNAT(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Political A	ction 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 Fund	Iraising 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.
Com	mittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

Mooney for Congress 2016

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

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																																<u> </u>						
L																																						
	Mailing Address																																					
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7.	Custodian of R books and record		rds	: Id	enti	fy b	by na	ame	e, a	ddr	ess	5 (p	hoi	ne	nur	nbe	er -	- 0	ptic	onal	l) a	nd	pos	sitic	on c	of th	ne	pers	son	in	po	sse	ssi	on	of	con	nmit	tee
		.0	Coop	ber,	Ste	pha	nie,	,,																														
	Full Name																																					
	Mailing Address					PO	Box	× 18	863																													
						Ma	artin	sbu	rg																Ľ	VV			2	540	2							
	Title or Position												СІТ	Υ											STA	ΛΤΕ						ZI	ΡC		DE			
	Assistant Treas	sure	r												1												1	24(0	I	I	40	5	I	I	47	745	1

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).

Telephone number

Full Name of Treasurer	Onoszko, Peter, , ,
Mailing Address	13 Aubrey Ct.
	· · · · · · · · · · · · · · · · · · ·
	Charles Town WV 25414 – / />
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent					1						1																	1			
Mailing Address																															
								1												L			L			1			1		
	CITY										STATE								ZIP CODE												
Title or Position																															
															Tele	eph	ione	e ni	uml	ber											

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 E. Washington St.											
			<u> </u>									
	Charles Town	WV 2541	4									
	CITY	STATE	ZIP CODE									
Name of Bank, Depository	Name of Bank, Depository, etc.											
Mailing Address												
	CITY	STATE	ZIP CODE									