FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Maddux for Congress 4514 Stuart Ave. ADDRESS (number and street) (Check if address is changed) Richmond 23221 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS madduxforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2015 C00574996 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Marsh Merriman Type or Print Name of Treasurer Marsh Merriman [Electronically Filed] 04 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

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		COMMITTEE	
Car		e 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.)	
Nam Cand	e of didate	Robert Maddux	
	didate	Office State V/ DEM Sought: X House Senate President	A
Party	/ Affiliati	ion DEW Sought: X House Senate President District O7	7
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State (Democratic, Republican, etc.) Par	ty.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s 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 par committee. (i.e., nonconnected committee)	rty
		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	draising 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	amittaga Davtiningting in Joint Fundariosa	
	Com	nmittees Participating in Joint Fundraiser	_
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4		

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Write or Type Committee Name		
Maddux for Con	gress	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
		dership PAC Sponso
 Custodian of Records: Identi books and records. 	tify by name, address (phone number optional) and position of the person in pos	session of committee
Lawrence F	H Framme	
Mailing Address	6800 Paragon Place	
j	Suite 233	
	Richmond VA 23230	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nar ssistant treasurer).	me and address of
Full Name Marsh Merr of Treasurer	iman	
Mailing Address	2318 Park Ave	
	I	
	Richmond VA 23220 CITY STATE	

EEC For	n 1 (Dovices	4 0.3 /3000)	Page 1
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Full Name of Designated Agent			
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position		Telephone number]
		ataina firmala	
safety deposit be Name of Bank, Mailing Address	Depository, e		
	Depository, e	etc.	
Name of Bank,	Depository, e	5707 Patterson Ave	3226
Name of Bank,	Depository, e	5707 Patterson Ave	3226 ZIP CODE
Name of Bank,	Depository, e	STATE	
Name of Bank, Mailing Address	Depository, e	STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, e	Etc. 5707 Patterson Ave	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, e	Etc. 5707 Patterson Ave	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, e	Etc. 5707 Patterson Ave	ZIP CODE