PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Values Committee 1629 K Street NW ADDRESS (number and street) Suite 300 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@extendthewave.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.extendthewave.com (Check if address is changed) DATE 05 2018 C00680223 FEC IDENTIFICATION NUMBER > 3. X 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. Pasqualoni, Catherine, , , Type or Print Name of Treasurer Pasqualoni, Catherine, , , [Electronically Filed] 06 05 2018 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
	naidate	Committee:				
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	ty Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.				
(5)		_	areasted fund or porty			
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
American Valu	ues Committee	
. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person ir	n possession of committee
Pasqual Full Name	aloni, Catherine, , ,	
	1629 K Street NW	
Mailing Address	Suite 300	
	Washington DC 200	06
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the property and the same of the committee; and the property and the committee is a substant treasurer.	e name and address of
Full Name Pasqual	loni, Catherine, , ,	
of Treasurer		
Mailing Address	1629 K Street NW	
	Suite 300	
	Washington 2000	06
Title or Position	CITY STATE	ZIP CODE

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of		
safety deposit boxes of Name of Bank, Deposit	maintains funds. itory, etc. Bank 1030 15th Street NW	
safety deposit boxes of Name of Bank, Deposition	maintains funds. itory, etc. Bank	
safety deposit boxes of Name of Bank, Deposition	maintains funds. itory, etc. Bank 1030 15th Street NW	20005
safety deposit boxes of Name of Bank, Deposition	maintains funds. itory, etc. Bank 1030 15th Street NW Washington CITY STATE	20005
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Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition	maintains funds. itory, etc. Bank 1030 15th Street NW Washington CITY STATE	20005

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: