| Image# 14978218062                                    |                                     |  |                        | 10/15/2014 08 : 53          |
|---|-------------------------------------|--|------------------------|-----------------------------|
| Innage# 14970210002                                   |                                     |  | l                      | PAGE 1 / 4                  |
|   | STATEMENT                           | OF   |                        | I                           |
| FEC   | ORGANIZAT                           | ION  |                        |                             |
| FORM 1  |                                     |  |                        |                             |
| 1. NAME OF  | (Check if name                      | Example:If typing, type                                    |                        | e Use Only                  |
| COMMITTEE (in full)                                   |                                     | ver the lines.   | 12FE4M5                |                             |
| National Association                                  | on for Fixed Annuitie               | es Political Action  | n Committee            | e (NAFA PAC)                |
|   |                                     |  |                        |                             |
|   | 1155 F St NW                        |  |                        |                             |
| ADDRESS (number and street)                           |                                     |  |                        |                             |
| <ul> <li>(Check if address<br/>is changed)</li> </ul> | Suite 1050                          |  |                        |                             |
| с, ,  | Washington                          |  | DC 20004               |                             |
|   | CITY ▲                              |  | STATE A                | ZIP CODE A                  |
| COMMITTEE'S E-MAIL ADDRE                              | SS                                  |  |                        |                             |
| (Check if address                                     | nafa@electioncompliance.            | com  |                        |                             |
| is changed)   |                                     |  |                        |                             |
|   | Optional Second E-Mail Address      |  |                        |                             |
|   |                                     |  |                        |                             |
|   |                                     |  |                        |                             |
| COMMITTEE'S WEB PAGE ADI                              | DRESS (URL)                         |  |                        |                             |
| <ul> <li>(Check if address<br/>is changed)</li> </ul> |                                     |  |                        |                             |
|   | I                                   |  |                        | I                           |
|   |                                     |  |                        |                             |
|   |                                     |  |                        |                             |
| 2. DATE 10 15   | b / Y Y Y Y<br>2014                 |  |                        |                             |
|   |                                     |  |                        |                             |
| 3. FEC IDENTIFICATION NU                              | JMBER ► C C0052                     | 8166   |                        |                             |
| _   |                                     | _  |                        |                             |
| 4. IS THIS STATEMENT                                  | NEW (N) OR                          | AMENDED (A)  |                        |                             |
| I certify that I have examined th                     | is Statement and to the best of m   | y knowledge and belief it is                               | s true, correct and c  | omplete.                    |
|   |                                     |  |                        |                             |
| Type or Print Name of Treasure                        | r Chris Johnson                     |  |                        |                             |
|   | Johnson                             |  | M _ M /                | D D / Y Y Y Y               |
| Signature of Treasurer                                |                                     | [Electronically Filed]                                     | Date 10                | 15 2014                     |
| NOTE: Submission of false, errone                     | eous, or incomplete information may | subject the person signing th                              | is Statement to the pe | enalties of 2 U.S.C. §437g. |
|   | ANY CHANGE IN INFORMATION S         | HOULD BE REPORTED WI                                       | THIN 10 DAYS.          |                             |
| Office<br>Use   |                                     | For further information con<br>Federal Election Commission | , <b>F</b>             | EC FORM 1                   |
| Only  |                                     | Toll Free 800-424-9530<br>Local 202-694-1100               | (                      | (Revised 06/2012)           |

Γ

|            | FEC Fo                | rm 1 (Revised 02/2009)   | Page <b>2</b>                          |
|------------|-----------------------|--|--|
|            |                       | OMMITTEE   | : ugo <b>E</b>                         |
| Car        | ndidate               | 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. (Compinformation below.)   | plete the candidate                    |
|            | ne of<br>didate       |  |  |
|            | didate<br>y Affiliati | on Office Sought: House Senate President   | State                                  |
| (c)        |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Nam<br>Can | ne of<br>didate       |  |  |
| Par        | ty Con                | nmittee:   |  |
| (d)        |                       |  | Democratic,<br>Republican, etc.) Party |
| Pol        | itical A              | ction Committee (PAC):   |  |
| (e)        | $\times$              | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr  | nected organization is                 |
|            |                       | Corporation Corporation w/o Capital Stock  | Labor Organization                     |
|            |                       | Membership Organization X 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 sec<br>committee. (i.e., nonconnected committee)  | gregated fund or party                 |
|            |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|            |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |
| Join       | 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                   | mittees Participating in Joint Fundraiser  |  |
|            | 1.                    | FEC ID number  |  |
|            | 2.                    | FEC ID number  |  |
|            | 3.                    | FEC ID number  |  |
|            | 4.                    | FEC ID number  |  |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## National Association for Fixed Annuities Political Action Committee (NAFA PAC)

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

| National Association 1                          | or Fixed Annuities           |              |                    |                       |                         |
|---|------------------------------|--------------|--------------------|-----------------------|-------------------------|
|   |                              |              |                    |                       |                         |
| Mailing Address                                 | 1155 F St NW                 |              |                    |                       |                         |
| 5   | Suite 1050                   |              |                    |                       |                         |
|   | Washington                   |              |                    | DC 20004              |                         |
|   | C                            | ITY          |                    | STATE                 | ZIP CODE                |
| Relationship: X Connecte                        | ed Organization              | d Committee  | Joint Fundraisin   | g Representative      | Leadership PAC Sponsor  |
| 7. Custodian of Records: Ide books and records. | entify by name, address (pho | one number c | pptional) and posi | tion of the person in | possession of committee |
| PAC Out   | sourcing LLC                 |              |                    |                       |                         |

| Full Name            |   |
|----------------------|---|
| Mailing Address      | 5845 Richmond Highway                                   |
|                      | Suite 820   |
|                      | Alexandria VA 22303                                     |
| Title or Position    | CITY STATE ZIP CODE                                     |
| Custodian of Records | Telephone number       703       -       347       6551 |

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<br>of Treasurer      | Chris Johnson   |
|--------------------------------|---|
| Mailing Address                | 1155 F St NW  |
|                                | Suite 1050  |
|                                | Washington         DC         20004         - |
|                                | CITY STATE ZIP CODE   |
| Title or Position<br>Treasurer | Telephone number  |

| Full Name of<br>Designated<br>Agent | Wade Williams                    |
|-------------------------------------|----------------------------------|
| Mailing Address                     | 5845 Richmond Highway            |
|                                     | Suite 820                        |
|                                     | Alexandria VA 22303              |
|                                     | CITY STATE ZIP CODE              |
| Title or Position                   | rer Telephone number 703 3476551 |

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.

|                         | lorgan Chase        |          |          |
|-------------------------|---------------------|----------|----------|
| Mailing Address         | 111 E Wisconsin Ave |          |          |
|                         |                     |          |          |
|                         | Milwaukee           | WI 53202 |          |
|                         | CITY                | STATE    | ZIP CODE |
| Name of Bank, Depositor | y, etc.             |          |          |
|                         |                     |          |          |
| Mailing Address         |                     |          |          |
|                         |                     |          |          |
|                         |                     |          |          |
|                         | CITY                | STATE    | ZIP CODE |