

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

National Automatic Merchandising Association Political Action Committee (NAMA-PAC)

ADDRESS (number and street) 20 North Wacker Drive

(Check if address is changed) Suite 3500

Chicago IL 60606

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) namapac@concentricoffice.com

Optional Second E-Mail Address edell@vending.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 03 / 2013

3. FEC IDENTIFICATION NUMBER C00235762

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 Robert F. Carlin

Signature of Treasurer Robert F. Carlin *[Electronically Filed]* Date 12 / 03 / 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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

National Automatic Merchandising Association Political Action Committee (NAMA-PAC)

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

National Automatic Merchandising Association

Mailing Address

20 North Wacker Drive

Suite 3500

Chicago

IL

60606

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 Sue Carlin

Mailing Address PO Box 2485

Springfield

VA

22152

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 703 - 569 - 9481

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 Robert F. Carlin

Mailing Address PO Box 2485

Springfield

VA

22152

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 703 - 569 - 9400

Full Name of Designated Agent

[Grid line for name]

Mailing Address

[Grid line for address]

[Grid line for address]

[Grid line for address]

CITY

STATE

ZIP CODE

Title or Position

[Grid line for title]

Telephone number

[Grid line 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.

BB&T

[Grid line for bank name]

Mailing Address

1909 K Street, NW

[Grid line for address]

[Grid line for address]

Washington

[Grid line for address]

DC

[Grid line for address]

20006

[Grid line for address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid line for bank name]

Mailing Address

[Grid line for address]

[Grid line for address]

[Grid line for address]

[Grid line for address]

[Grid line for address]

CITY

STATE

ZIP CODE