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. Bringing America Together PAC PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00647354 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. Martin, Steven, , , Jr. Type or Print Name of Treasurer Martin, Steven, , , Jr. [Electronically Filed] 80 10 2017 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se 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.)	
Joint F	undraising 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.	vo 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
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Forms 1 (Davised 03/2000)	Dama 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Bringing America Together PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
Fitzpatrick, Brian, , ,	
PO Box 939	
Mailing Address	
Langhorne PA CITY STATE	19047
Relationship: Connected Organization Affiliated Committee Joint Fundraising Represe	entative 🗶 Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. 	e person in possession of committee
Campaign Financial, Services, , ,	
PO Box 30844 Mailing Address	
Bethesda MD	20824
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number	301 - 654 - 3220
 Treasurer: List the name and address (phone number optional) of the treasurer of the committ any designated agent (e.g., assistant treasurer). 	ee; and the name and address of
Full Name Martin, Steven, , , Jr. of Treasurer	
Mailing Address PO Box 30844	
Bethesda MD	20824
CITY STATE Title or Position	ZIP CODE
Treasurer Telephone number	301 654 3220

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		TOTAL ACCOUNTS, TELLS
safety deposit boxes Name of Bank, Depo	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. /ells Fargo	
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. /ells Fargo	14
safety deposit boxes Name of Bank, Depo W Mailing Address	or maintains funds. pository, etc. /ells Fargo	14
safety deposit boxes Name of Bank, Depo W Mailing Address	or maintains funds. pository, etc. /ells Fargo	14
safety deposit boxes Name of Bank, Depo W Mailing Address	or maintains funds. pository, etc. /ells Fargo	14
safety deposit boxes Name of Bank, Depo W Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. /ells Fargo	14
safety deposit boxes Name of Bank, Depo W Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. /ells Fargo	14

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraising				1	FF0 '	D	C		
1.						D number	=		-
2.						D number	С		-
3.					FEC I	D number	С		_
4.					FEC I	D number	С		
ame of Any Connected C	Organization, Affil	liated Comm	ittee, Joir	nt Fundra	ising Re	presentativ	ve, or L	Leadership PAC	Spon
Team Fitz									
Mailing Address	PO Box 30844				1 1 1				
	Bethesda					MD	L	20824	
Relationship:		CITY	A			STATE A	. –	ZIP COD	E A
Connected	Organization	Affiliated Con	nmittee		Fundraisir	g Represen	tative	Leadership F	
		Affiliated Con	nmittee		Fundraisir	g Represen	tative	Leadership F	
Connected esignated Agent: Identify		Affiliated Con	nmittee		Fundraisir	g Represen	tative	Leadership F	
Connected esignated Agent: Identify Full Name		Affiliated Con	nmittee		Fundraisir	g Represen	tative	Leadership F	
Connected esignated Agent: Identify Full Name		Affiliated Cons	nmittee	ional)		g Represen		Leadership F	PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Cons	nmittee	ional)		g Represent			PAC S
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Con	nmittee	ional)		STATE A			PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Constitution (phone number of the constitution) and the constitution of the	nmittee	fonal)	ephone N	STATE A		ZIP CODE	PAC SI
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main ame of Bank,	by name, address	Affiliated Constitution (phone number of the constitution) and the constitution of the	nmittee	fonal)	ephone N	STATE A		ZIP CODE	PAC SI
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori affety deposit boxes or main ame of Bank, epository, etc.	by name, address	Affiliated Constitution (phone number of the constitution) and the constitution of the	nmittee	fonal)	ephone N	STATE A		ZIP CODE	PAC SI