FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	0#	ice use only
1. NAME OF COMMITTEE (in		Check if name s changed)	Example: If typying, type over the lines	12FE4M5	ice use only
Associated Bu	uilders and Contrac	ctors, PAC			1
	. 4050 A	Loute Fainten De	due Oth Flagr		
ADDRESS (number and	street) 4250 N	North Fairfax Dr	Tive 9th Floor		
(Check if addr	ress				
is changed)	Arling	ton		LVA L	22203   -
			CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA					
	politicalcompliance	).com 			
COMMITTEE'S WEB	PAGE ADDRESS (UR	L)			
	<u> </u>	1111		111111	
COMMITTEE'S FAX N 703-425-8352	NUMBER	I			
2. DATE <b>0.3</b>	D D / Y 15	<sup>Y</sup> 2 0 0 7			
3. FEC IDENTIFICA	ATION NUMBER	C	C C00010421		
4. IS THIS STATEM	MENT NEW (	(N) OR	X AMENDED (A)		
I certify that I have exam	ined this Statement and to	the best of my knov	vledge and belief it is true, correc	t and complete	
Type or Print Name of	Treasurer <b>Wi</b>	illiam B Spence	er		
<b>7</b>					
Signature of Treasurer	Electronically Filed	by <b>William B</b> \$	Spencer	Date 03	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa			subject the person signing this S		of 2 U.S.C. S437g.
Office Use Only			For further informatic Federal Election Commol Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (C	Check One)				
	(a) This comm	nittee is a principal campa	aign committee. (Complete the candi	date 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 Se	nate President	State District	
	(c) This comm	ittee supports/opposes or	nly one candidate, and is NOT an au	thorized committee.		
	Name of Candidate					
	(d) This comm	ittee is a	(National, State (or subordinate) committee	of the	(Democratic, Republican,etc.) Party.	
	(e) X This comm	ittee is a separate segrega	ated fund			
	(f) This comm committee.	ittee supports/opposes m	ore than one Federal candidate, and	is NOT a separate segrega	ated fund or party	
ŝ.	Name of Any Connected	Organization or Affiliat	ted Committee			
ı	Associated Builders	& Contractors			1	
L— І						
_		1 4250	0 North Fairfax Drive			
Mailing Address			Floor			
					20000 1 1	
		L , , , Ariii	ngton	L VA		
			CITY	STATE 🛦	ZIP CODE	
	Relationship Connected					
	Type of Connected Organization:					
	Corporation		Corporation w/o Capital Stock	Labor Orga	anization	
	Membership Orga	anization	Trade Association	Cooperativ	е	

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٧	Vrite or Type Committee Na	me						
	Associated Builders	s and Contractors, PAC						
<ol> <li>Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.</li> </ol>					e person in			
	Full Name Ge	orge C. Franklin	C. Franklin					
	Mailing Address	4250 North Fairfax D	rive 9th Floor					
		Arlington		<u>A</u> _	22203			
	Title or Position ▼	CITY A	STA	TE▲	ZIP CO	DE A		
	Assist	ant Treasurer	Telephone number	703	812	2000		
	Full Name of Treasurer  Mailing Address	Iliam B Spencer 4250 North Fairfax D	n B Spencer  4250 North Fairfax Drive 9th Floor					
		Arlington		<u>A</u> _	22203 _			
	Title or Position ♥	CITY 🛦	STA	TEA	ZIP CO	DE 🛦		
	Treasu	ırer	Telephone number	703	812	2000		
	Full Name of Designated Agent Ge	orge Franklin						
	Mailing Address 4250 North Fairfax		rive 9th Floor					
		Arlington		^	22203 –			
	Title or Position ♥ CITY ▲					ZIP CODE A		
	Assist	ant Treasurer	Telephone number	703	_ 812 _	2000		
		_	i elephone number	-				

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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.		
	Sun	nTrust		
	Mailing Address	P.O. Box 622227		
		Orlando FL 3286	62 _ 2227	

STATE △

**ZIP CODE** △

CITY 🛆