Image# 14940030156				
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
1. NAME OF	(Check if name	Example:If typing, type		ice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
ADDRESS (number and stree	1600 WILSON BOULEVARD	SUITE 650		
(Check if address				
is changed)				
	ARLINGTON		VA 2220 STATE ▲	
COMMITTEE'S E-MAIL ADD	DRESS			
(Check if address is changed)	tdempsey@sfa.org			
	Optional Second E-Mail Ad pdowney@sfa.org	dress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 01 /	D D / Y Y Y Y 14 2014			
3. FEC IDENTIFICATION		00118919		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	ed this Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treas	Surer Thomas Demsey			
Signature of Treasurer	Thomas Demsey	[Electronically Filed]	Date 01	14 / Y Y Y Y 2014
NOTE: Submission of false, et	rroneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	ा ауच ८
		e 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. (Compleinformation below.)	ete the candidate
Name Cand	e of lidate		
Cand Party	lidate ⁄ Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Part	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization	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 segre committee. (i.e., nonconnected committee)	egated 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	t Func	Iraising 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.	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.	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

SNACK FOOD ASSOCIATION POLITICAL ACTION COMMITTEE (SNACKPAC)

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

SNACK FOOD ASSOC	CIATION POLITICAL ACTION COMMITTE	E (SNAC	KPAC)
Mailing Address	1600 WILSON BOULEVARD SUITE 650		
		VA	22209
	CITY	STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising	Representativ	e 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.

Paul Dowr	iey
Full Name	
Mailing Address	1600 Wilson Blvd
	Suite 650
	Arlington VA 22209 Image:
Title or Position	CITY STATE ZIP CODE
Director of Finance	Telephone number

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	Thomas Demsey
Mailing Address	1600 Wilson Blvd
	Suite 650
	Arlington
	CITY STATE ZIP CODE
Title or Position	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent						I								I				I										
Mailing Address																												
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			1						1			1	1								1				-[1	
					СП	ΓY										STA	ΤE						ZIP	С	DDE	-		
Title or Position																												
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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.

	BB&T		
Mailing Address	1717 King Street		
	Alexandria		22314
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE