Only

STATEMENT OF

PAGE 1/6

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. AMERICAN PUBLIC POWER ASSOCIATION, PUBLIC OWNERSHIP OF ELECTRIC RESOURCES PAC 2451 Crystal Drive ADDRESS (number and street) Suite 1000 (Check if address X is changed) Arlington 22202 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS acuyler@publicpower.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.publicpower.org (Check if address X is changed) DATE 2020 C00161570 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. Cuyler, Angela, , , Type or Print Name of Treasurer Cuyler, Angela, , , [Electronically Filed] 01 10 2020 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 secommittee. (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.)	
Joir	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.		

FF0 F	
FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
AMERICAN PUBLIC POWER ASSOCIATION, PUBLIC OWNERSHIP OF ELECTRIC RES	OURCES PAC
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
American Public Power Association	
	<u> </u>
2451 Crystal Drive	
Mailing Address Suite 1000	
Arlington VA 22202	
CITY STATE ZI	P CODE
Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in posse books and records.	ssion of committee
Full Name	
Mailing Address	.
	. -
Title or Position CITY STATE ZII	P CODE
Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Cuyler, Angela, , ,	
of Treasurer	
Mailing Address [2451 Crystal Drive	
Suite 1000	
Arlington VA 22202	
CITY STATE ZIF	CODE
Treasurer Telephone number 202 467	7 2951

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mohamed, Mohamed, , ,	
Mailing Address	2451 Crystal Drive	
	Sutie 1000	
	Arlington VA 22202 CITY STATE Z	ZIP CODE
Title or Position Assistant Treasu	er	467 2977
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holds es or maintains funds. epository, etc. Bank of America	accounts, rents
Mailing Address	10440 Main Street	
<u> </u>		
	Fairfax VA 22030-22	203
	CITY STATE 2	ZIP CODE
Name of Bank, Do	epository, etc.	
Mailing Address		

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Please note that the address change was completed on the year-end FEC filing for 2014, however it was not updated on the statement of organization.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page ___6 **of** ____

(h). Joint Fundraising I		FEO 10 '	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Or	ganization, Affiliated Committee, Joint Fun	ndraising Representativ	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	y name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC S
esignated Agent: Identify by Mohamed, N Full Name	y name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC S
esignated Agent: Identify by Mohamed, M	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive	oint Fundraising Represent	Leadership PAC S
esignated Agent: Identify by Mohamed, N Full Name	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000		
esignated Agent: Identify by Mohamed, N Full Name	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington	oint Fundraising Represent	Leadership PAC S
esignated Agent: Identify by Mohamed, M Full Name Mailing Address TITLE OR POSITION ▼	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington		22202
esignated Agent: Identify by Mohamed, N Full Name Mailing Address	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington CITY		22202
esignated Agent: Identify by Mohamed, M Full Name	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington CITY S: List all banks or other depositories in which	VA VA STATE ▲ Telephone Number	22202 ZIP CODE A
Mohamed, Mohamed, Mohamed, Mohamed, Mailing Address TITLE OR POSITION ▼ Assistant Treasurer Anks or Other Depositories aftery deposit boxes or maint	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington CITY S: List all banks or other depositories in which	VA VA STATE ▲ Telephone Number	22202 ZIP CODE A
esignated Agent: Identify by Mohamed, M Full Name	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington CITY S: List all banks or other depositories in which	VA VA STATE ▲ Telephone Number	22202 ZIP CODE A
Mohamed, Mo	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington CITY S: List all banks or other depositories in which	VA VA STATE ▲ Telephone Number	22202 ZIP CODE A
Mohamed, M Full Name Mailing Address TITLE OR POSITION ▼ Assistant Treasurer Anks or Other Depositories anke of Bank, epository, etc.	y name, address (phone number – optional) Mohamed, , , 2451 Crystal Drive Sutie 1000 Arlington CITY S: List all banks or other depositories in which	VA VA STATE ▲ Telephone Number	22202 ZIP CODE A