FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Gridiron-PAC** 345 Park Avenue ADDRESS (number and street) (Check if address is changed) New York 10154 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bradley.firestone@nfl.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00451153 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. **Bradley Firestone** Type or Print Name of Treasurer Bradley Firestone [Electronically Filed] 09 2015 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

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 information below.) Name of Candidate	Page 2
(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. (Completinformation below.) Name of Candidate	ete the candidate
information below.) Name of Candidate	ete the candidate
Name of Candidate	
Candidate Office Party Affiliation 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:	omogratic
	emocratic, epublican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected 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 segric 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.)	
Joint Fundraising 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
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	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
(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. Committees Participating in Joint Fundraiser	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. Committees Participating in Joint Fundraiser 1. FEC ID number C	or more political

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Write or Type Committee	tee Name	
Gridiron-PA	AC .	
. Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: C	Connected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso
Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the pers	son in possession of committee
	Bradley Firestone	
Full Name	C/O National Football League	
Mailing Address	345 Park Avenue	
	New York NY	10154
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	2 450 - 2341
Treasurer: List the any designated age	name and address (phone number optional) of the treasurer of the committee; and the committee; are committee; and the committee; and the committee; are committee; and the committee; are committee; and the committee; and the committee; are committee; and the committee; are committee; and the committee; are committee; are committee; and the committee; are committee; and the committee; are committee; are committee; and the committee; are commit	nd the name and address of
Full Name B	radley Firestone	
Mailing Address	C/O National Football League	
	345 Park Avenue	
	New York	10154
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address	S	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
• •	Depository, etc.	
safety deposit b	Depository, etc. JP Morgan Chase Bank ,277 Park Avenue	
safety deposit to Name of Bank,	Depository, etc. JP Morgan Chase Bank ,277 Park Avenue	
safety deposit to Name of Bank,	Depository, etc. JP Morgan Chase Bank ,277 Park Avenue	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
safety deposit to Name of Bank,	Depository, etc. JP Morgan Chase Bank 277 Park Avenue	7 ZIP CODE
safety deposit to Name of Bank, Mailing Address	Depository, etc. JP Morgan Chase Bank 277 Park Avenue New York NY 1001	
safety deposit to Name of Bank, Mailing Address	Depository, etc. JP Morgan Chase Bank 277 Park Avenue New York New York CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. JP Morgan Chase Bank 277 Park Avenue New York New York CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. JP Morgan Chase Bank 277 Park Avenue New York CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. JP Morgan Chase Bank 277 Park Avenue New York CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. JP Morgan Chase Bank 277 Park Avenue New York CITY STATE Depository, etc.	