## 2019:08:12:0F:00200210

FEC FORM 1

## STATEMENT OF ORGANIZATION

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					office use Unity
1. NAME OF COMMITTEE (in full)		(Check if name s changed)	Example:If typing, type over the lines.	12FE4M5	en jara sementi
PREMIUM CIGAR ASSOCIA	<u> </u> ΑΤΙΟΝ,Ρ	OLITICAL ACTIO	N СОММІТТЕК ("PREMI	UM CIGAR PAC")	
	444		<u> </u>	<del>1                                    </del>	
ADDRESS (number and street)	51,3 Ca	pitol Court, N <sub>1</sub> E.			
(Check if address is changed)	Suite 3	90			
	Washir C	ngton <sub>III</sub> ITY ▲		DÇ   20 STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	3S				
(Check if address is changed)	tori@p	remiumcigars.org	<del></del>	1,	
	Optional	Second E-Mail Ad	dress	<del></del>	
COMMITTEE'S WEB PAGE ADD	ORESS (U	RL)			
(Check if address is changed)	[www.r	γεmiųmcigars.o	[9 <sub>1</sub>	<del></del>	
	L	<del>                                      </del>	<del>                                      </del>		
2. DATE 07 26	20	y v 1, v 2 v , 19			
3. FEC IDENTIFICATION NU	IMBER )	C 00	450239		
4. IS THIS STATEMENT	NEW	/ (N) OR	AMENDED (A)		_
I certify that I have examined th	is Statem	ent and to the best	of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasurer	John	Anderson			
Signature of Treasurer				Date 07	26 2019
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009) Page <b>2</b>
		COMMITTEE
(a)	ndidate	Committee:  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 the candidate
	ne of didate	information below.)
Can	didate y Affiliati	Office State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Can	e of didate	
Par	ty Con	nmittee:
(d)		(National, State (Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	
	3.	
	4.	

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		
Premium Cigar PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
10-hadinah Mahadiatkad		
Premium Çigar Assodiation	<u> </u>	
Mailing Address	51/3 Çapitol Çourt, N.E.	
	Suite 300	
•	Washington	20002
	CITY STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representat	tive Leadership PAC Sponsor
<ol><li>Custodian of Records: Ide books and records.</li></ol>	ntify by name, address (phone number optional) and position of the pe	rson in possession of committee
Full Name  John Aր	derson, , , , , , , , , , , , , , , , , , ,	
Mailing Address	513 Çapitol Çoyrt, N.E.	
	Syite 300	
	Washington DC	[29002   ] -
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [292	2
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name of Treasurer John, And	derson, , , , , , , , , , , , , , , , , , ,	1111111
Mailing Address	51,3 Capitol Court, N.E.	
	Syite 300	11111111
	Washington   DC   CITY   STATE	20002     -
Title or Position		
Treasurer 1 1 1 1 1	Telephone number 202	2 638 2555

	m 1 (Revised 02/2009)	Page 4
	:	·
Full Name of Designated Agent	John, Anderson	
Mailing Address	513 Çapitol Çourt, N.E.	1111111
	Syite <sub>,</sub> 300	<u> </u>
	Washington	02     -
Title or Position	Telephone number 202 -	_ [638
Name of Bank, I	oxes or maintains funds.  Depository, etc.	
	•	
	Depository, etc.  [The βank of Tampa]	
Name of Bank, I	Depository, etc.  [The βank of Tampa]	
Name of Bank, I	Depository, etc.  [The βank of Tampa]	
Name of Bank, I	Depository, etc.  [The βank,of,Tampa]  [P.ρ.βqx One]	601
Name of Bank, I	Depository, etc.  The βank of Tampa  P.O. βαχ One  Tampa  Tampa	
Name of Bank, I	Depository, etc.  The βank of Tampa  P.O. βαχ One  Tampa  Tampa  CITY  STATE	
Name of Bank, I	Depository, etc.   The βank of Tampa   P. P. βαχ One   Tampa   FL   336    CITY   STATE    Depository, etc.   City   Cit	
Name of Bank, I	Depository, etc.   The βank of Tampa   P. P. βαχ One   Tampa   FL   336    CITY   STATE    Depository, etc.   City   Cit	
Name of Bank, I	Depository, etc.   The βank of Tampa   P. P. βαχ One   Tampa   FL   336    CITY   STATE    Depository, etc.   City   Cit	

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FEC Form 1S (Revised 02/2	for Lines 5(g) or (h), 6, 8 and	w/oi 9	Page of
or(h). <b>Joint Fundraisi</b> n	g Participant:		•
1.		FEC ID number	* * * * * * *
2.		FEC ID number C	
3.		FEC ID number C	
4.		FEC ID number C	
Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative, or	Leadership PAC Spor
		1.111111	
Mailing Address		<u> </u>	
	<u> </u>	<u> </u>	111111
Relationship:	CITY ▲  I Organization Affiliated Committee oint Fu	STATE ▲  ndraising Representative	ZIP CODE ▲  Leadership PAC S
Designated Agent: Identify	by name, address (phone number – optional)		
Full Name			
Mailing Address			
		<u> </u>	<u>.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	hone Number	J-L

Safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY 

STATE 

ZIP CODE 

ZIP CODE 

STATE

CLURK HOUC. ighon, De 20002 360

rederal Election Commission Washington, DC 20463 1050 First Street, NE

Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  The FEC added this page to the end of this filing to indicate how it was received.				
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USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next I	Business Day Delivery			
Received from House Records & Registration Office	Date of Receipt ce			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	ate of Receipt or Postmarked			
af.	8-12-19			
PREPARER (3/2015)	DATE PREPARED			