Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Leaders Only Unite Political Action Committee (aka LOU PAC) PO Box 2485 ADDRESS (number and street) (Check if address is changed) Springfield 22152 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS loupac@concentricoffice.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00564369 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. Carlin, Robert, , , Type or Print Name of Treasurer Carlin, Robert, , , [Electronically Filed] 09 20 2017 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (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.)	
Joint F	undraising 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.	vo 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
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

	-		
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W	rite or Type Committee Name		Ü
L	_eaders Only U	Inite Political Action Committee (aka LOU P	AC)
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
В	ARLETTA, LOU, , ,		
	Mailing Address	P.O. BOX 128	
		HAZLETON PA 18201	
		CITY STATE Z	IP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
'.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Carlin, Sue	9, , ,	
	Full Name	,8136 Old Keene Mill Road	
	Mailing Address	order out recars with read	
		Suite A300	
		Springfield VA 22152	
	Title or Position	CITY STATE ZI	IP CODE
	Asst. Treasurer	Telephone number 703 - 56	69 9481
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Carlin, Rob of Treasurer	pert, , ,	
	Mailing Address	PO Box 2485	
		Springfield VA 22152 CITY STATE ZI	P CODE
	Title or Position , Treasurer	, 703 , 56	
		Telephone number	- 9401

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STAT	E ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Depos	or maintains funds.	posits funds, holds accounts, rents
Name of Bank, Depos	or maintains funds.	
Name of Bank, Depos	or maintains funds. Sitory, etc. 3&T 1909 K Street, NW	C 20006
Name of Bank, Depos	or maintains funds. Sitory, etc. 1909 K Street, NW Washington CITY STAT	C 20006
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. Sitory, etc. 1909 K Street, NW Washington CITY STAT	C 20006 - -
Name of Bank, Deposition Name of Bank, Deposition	or maintains funds. Sitory, etc. 1909 K Street, NW Washington CITY STAT	C 20006
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. Sitory, etc. 1909 K Street, NW Washington CITY STAT Sitory, etc.	C 20006 - -
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. Sitory, etc. 1909 K Street, NW Washington CITY STAT Sitory, etc.	C 20006 E ZIP CODE

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

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n). Joint Fundraisi r	3				
1.				FEC ID number	C
2				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	С
ame of Any Connected	_	iated Committee, Jo	int Fundrais	sing Representativ	ve, or Leadership PAC Spor
LOUVICTORY	UND 				
Mailing Address	610 S. BOULEV	ARD			
Mailing Address					
	TAMPA			, , FL ,	33606
Relationship:		CITY ▲			
neialionship.		(,IIY A		STATE A	ZIP CODE ▲
Connecte	d Organization y by name, address	Affiliated Committee		ındraising Represen	tative Leadership PAC S
		Affiliated Committee		Indraising Represen	tative Leadership PAC S
Connecte		Affiliated Committee		Indraising Represen	tative Leadership PAC S
Connecte esignated Agent: Identif		Affiliated Committee		Indraising Represen	tative Leadership PAC S
Connecte esignated Agent: Identif	y by name, address	Affiliated Committee	otional)		Leadership PAC S
Connecte esignated Agent: Identif Full Name Mailing Address	y by name, address	Affiliated Committee	otional)		
Connecte esignated Agent: Identif	y by name, address	Affiliated Committee	otional)		
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address	Affiliated Committee s (phone number – op	otional)	STATE A	
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank,	y by name, address	Affiliated Committee s (phone number – op	otional)	STATE A	ZIP CODE A
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank,	y by name, address	Affiliated Committee s (phone number – op	otional)	STATE A	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank, epository, etc.	y by name, address	Affiliated Committee s (phone number – op	otional)	STATE A	ZIP CODE A