Only

PAGE 1/5

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) COALITION FOR AMERICAN VETERANS POLITICAL ACTION COMMIT PO BOX 790 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS INFO@COALITIONFORAMERICANVETERANS.ORG (Check if address is changed) Optional Second E-Mail Address THOMAS@9SEVENFEC.COM COMMITTEE'S WEB PAGE ADDRESS (URL) COALITIONFORAMERICANVETERANS.ORG (Check if address is changed) DATE 02 2020 C00650168 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. EVANS, BRENT, , , Type or Print Name of Treasurer EVANS, BRENT, , , [Electronically Filed] 03 02 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.)	plete 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 Com	nmittee:	
(d)		(National, State	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 conn	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.	
<b>(f)</b>			areasted fund or porty
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of 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.		
	3.	FEC ID number	
	4.		

	2 (2222)		2 2
FEC Form 1 (Revised 02	2/2009)		Page <b>3</b>
Write or Type Committee Name			
	AMERICAN VETERANS		
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint I	Fundraising Representative, o	or Leadership PAC Sponsor
NONE			
Mailing Address			
Mailing Address	<u> </u>		
	CITY	STATE	ZIP CODE
	OTT	31/112	Zii GODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponsor
<ol><li>Custodian of Records: Ident books and records.</li></ol>	ify by name, address (phone number op	otional) and position of the per	son in possession of committee
EVANS, BR	RENT, , ,		
Full Name	PO BOX 790		
Mailing Address			
	ALEVANDOIA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,22313
	ALEXANDRIA	VA	22313
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number 71	5 338 8544
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the ssistant treasurer).	e treasurer of the committee; a	and the name and address of
Full Name EVANS, BR	ENT, , ,		,
of Treasurer	PD DOV 700		
Mailing Address	PO BOX 790		
	ALEXANDRIA	VA	22313
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	5

FEC FOII	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,		ds accounts, rents
safety deposit be	oxes or maintains funds.	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW  WASHINGTON  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW  WASHINGTON  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW  WASHINGTON  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW  WASHINGTON  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW  WASHINGTON  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC BANK  1050 CONNECTICUT AVE NW  WASHINGTON  CITY  STATE  Depository, etc.	

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinatedcommunications, to federal candidates or committees.

Form/Schedule: Transaction ID: