STATEMENT OF

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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. 420 USA PAC 2201 L St NW ADDRESS (number and street) Apt 608 (Check if address is changed) Washington 20037 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ben@420usapac.com (Check if address is changed) Optional Second E-Mail Address zack@420usapac.com COMMITTEE'S WEB PAGE ADDRESS (URL) 420usapac.org (Check if address is changed) DATE 2015 C00574152 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. Mr Benjamin Williams Type or Print Name of Treasurer Mr Benjamin Williams [Electronically Filed] 03 16 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 Only

Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE e 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
Nam Cand	e of lidate		
	lidate Affiliatio	on Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	,	
420 USA PAC		
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or I	eadership PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
	OLTY CTATE	71D CODE
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the perso	n in possession of committee
Mr Benjami	n Williams	
Full Name	2201 L St NW	
Mailing Address	Apt 608	
	Washington DC 1	20037
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 607	3419
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	i the name and address of
Full Name Mr Benjami	n Williams	
of Treasurer	12201 I. St NIW	
Mailing Address	2201 L St NW	
	Apt 608	
		20037 - - -
Title or Position Treasurer	CITY STATE 607 Telephone number	ZIP CODE

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or		inds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.	inds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.	inds, holds accounts, rents
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