| FEC FORM 1 | STATEMEN ORGANIZA | - | Offic | PAGE 1 / 5 |
|-----------------------------------|--|--|------------------------|--------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| The Internet Ass | ociation PAC | | | |
| | 1333 H St., NW | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | 12th Floor, West | | | |
| | Washington | | DC 2000 | |
| | CITY ▲ | | STATE 🔺 | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| (Check if address is changed) | beckerman@internetass | | | |
| | Optional Second E-Mail Addr | ess | | 1 |
| | | | | |
| COMMITTEE'S WEB PAGE A | DDRESS (URL) | | | |
| 2. DATE 08 / D | 27 ⁷ <u>2014</u> | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C coo | 0540484 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examined | this Statement and to the best o | f my knowledge and belief it | is true, correct and o | complete. |
| Type or Print Name of Treasu | er Beckerman, Michael, , , | | | |
| Signature of Treasurer | kerman, Michael, , , | [Electronically Filed] | Date 08 | D D / Y Y Y Y 27 2014 |
| NOTE: Submission of false, erro | neous, or incomplete information m ANY CHANGE IN INFORMATIO | | | enalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | EC FORM 1 (Revised 06/2012) |

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|--|----------------------------------|
| 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. (Comple information below.) | ete the candidate |
| Name of Candidate | |
| Candidate Office 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: | |
| | emocratic, publican, etc.) Pa |
| Political Action Committee (PAC): | |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne | cted organization |
| Corporation Corporation w/o Capital Stock | _abor Organizatior |
| Membership Organization | 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 segre committee. (i.e., nonconnected committee) | egated fund or pa |
| 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 |
| Committees Participating in Joint Fundraiser | |
| 1 FEC ID number C | |
| 2 FEC ID number | |
| 3 FEC ID number | |
| 4. FEC ID number C | |

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Write or Type Committee Name

The Internet Association PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| The Internet Associa | tion | |
|----------------------|----------------------------|---|
| | | |
| Mailing Address | 1333 H St., NW | |
| - | 12th Floor, West | |
| | Washington | DC 20005 |
| | CITY | STATE ZIP CODE |
| | | Joint Fundraising Representative Leadership PAC Sponso |
| books and records. | | |
| Full Name | rvices, Comerica Bank, , , | |
| Mailing Address | P.O. Box 75000 | |
| | MC2250 | |
| | Detroit | MI 48275-2250 |
| Title or Position | CITY | STATE ZIP CODE |
| Recordkeeper | | 248 371 7268 Telephone number |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name Be of Treasurer | eckerman, Michael, , , | |
|-----------------------------------|------------------------|---|
| Mailing Address | 1333 H St., NW | |
| | 12th Floor, West | |
| | Washington | |
| | CITY | STATE ZIP CODE |
| Title or Position President & CEO | | Z02 803 5783 Telephone number |

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| Full Name of Designated Agent | | | | | | | | | | I | | | | 1 | | | | | | | | | 1 | | | |
|-------------------------------------|--|--|--|--|--|---|------|---|--|---|------|-----|-----|------|-----|-----|----|--|---|--|-----|----|----|----|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | L | | | | _ | | | |
| | | | | | | C | :IT) | (| | | | | | | | STA | ΤE | | | | ZII | ΡC | OD | ιE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| Comer | ica Bank | | |
|---------------------------|----------------|-------|----------|
| Mailing Address | P.O. Box 75000 | | |
| | | | |
| | Detroit | MI (| 48275 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Updated email address

Form/Schedule: Transaction ID: