FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
SMITH & WES	SON POLITICAL A		TTEE
(Check if addres is changed)			MA 01104-1606 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DRESS		
(Check if addres is changed)	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE (Check if addres is changed)			
2. DATE 06	D D / Y Y Y Y 22 2020		
3. FEC IDENTIFICATIO	N NUMBER ► C co	00419051	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examin	ed this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Trea	asurer MCPHERSON, DEANA, , ,		
Signature of Treasurer	MCPHERSON, DEANA, , ,	[Electronically Filed]	Date 06 / 22 / Y Y Y Y 2020
NOTE: Submission of false, of		may subject the person signing t DN SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. /ITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 202006229244142275

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TYPI	E OF C	OMMITTEE		
Can	ndidate	e Committee:		
(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Nam Cano	e of didate			
	didate / Affiliati	on Office Sought: House Senate President	State	
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Canc	e of lidate			
Par	ty Con	nmittee:		
(d)			emocratic, oublican, etc.) Party.	
Poli	tical A	ction Committee (PAC):		
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a	
		Corporation Corporation w/o Capital Stock	abor 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 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 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 c committees/organizations, none of which is an authorized committee of a federal candidate.	r more political	
Committees Participating in Joint Fundraiser				
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

SMITH & WESSON POLITICAL ACTION COMMITTEE

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

S	MITH & WESSON B	{ANDS, INC.	
	Mailing Address	2100 ROOSEVELT AVENUE	
		SPRINGFIELD	MA 01104-1606
		CITY	STATE ZIP CODE
	Relationship: 🗴 Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	- tify by name, address (phone number op	tional) and position of the person in possession of committee
	DONELSO	N, BILL, , ,	
	Full Name		
	Mailing Address	PO BOX 24553	
		1	
			TN 37202-4553
	Title or Position	CITY	STATE ZIP CODE
			615 491 2140 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	MCPHERSON, DEANA, , ,
of Treasurer	
Mailing Address	
	SPRINGFIELD MA 01104-1606 –
	CITY STATE ZIP CODE
Title or Position TREASURER	Telephone number

Full Name of Designated Agent	CARTER, KYLE, , ,	
Mailing Address	2100 ROOSEVELT AVENUE	
	SPRINGFIELD MA 01104-1606	
	CITY STATE ZIP CODE	
Title or Position	EASURER 413 - 747 3552 Image: State of the state	

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.

Mailing Address	1441 MAIN STREET		
	SPRINGFIELD I <	MA01103-1406	
	CITY	STATE ZIP CODE	
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	