PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Association of Private Sector Colleges and Universities Political Action Committee 1101 Connecticut Avenue, NW ADDRESS (number and street) Suite 900 (Check if address is changed) WASHINGTON 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Tami.Plofchan@apscu.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00213066 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. Lynelle Lynch Type or Print Name of Treasurer Lynelle Lynch [Electronically Filed] 80 19 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FFC F	orm 1 (Revised 02/2009)	Page <b>2</b>			
	COMMITTEE	i aye <b>£</b>			
Candidat	idate Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below	1.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate			
Name of Candidate					
Candidate Party Affilia	tion Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	Party Committee:				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action Committee (PAC):				
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization X 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 scommittee. (i.e., nonconnected committee)	segregated 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 Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Cor	nmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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	FEC Form 1 (Revised (	2/2009)	Page <b>3</b>
W	/rite or Type Committee Name		
A	Association of Priv	ate Sector Colleges and Universities Pol	itical Action Committee
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
Α	ssociation of Private	Sector Colleges and Universities	<u>                                     </u>
	Mailing Address	1101 Connecticut Avenue, NW	
	<b>3</b>	Suite 900	
		Washington	20036
		CITY STAT	E ZIP CODE
	Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
<b>'</b> .	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the	he person in possession of committee
	Tami R Plo	fchan	1
	Full Name	,1101 Connecticut Avenue, NE	
	Mailing Address	Suite 900	
			20020
		Washington	20036
	Title or Position	CITY STATE	ZIP CODE
	Director of Govt Rel	Telephone number	202 336 - 6811
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the commissistant treasurer).	ittee; and the name and address of
	Full Name Lynelle Lyne	ch	
	Mailing Address	13266 Poway Rd.	
		Poway	92064
	Title or Position	CITY STATE	ZIP CODE
	President	Telephone number	540 - 283 - 6626

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated		, , , , , , , <b>,</b> ,			
Agent					
Mailing Address					
	CITY STATE Z	IP CODE			
Title or Position					
	Telephone number				
Name of Bank,  Mailing Address	Suntrust Bank  1445 New York Ave. NW  Washington  DC   20005				
	CITY STATE Z	IP CODE			
Name of Bank, Depository, etc.					
Mailing Address					

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

The statement of organization is being amended to include the middle initial of the treasurer.

Form/Schedule: Transaction ID: