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(See reverse side for instructions)

This form should be filed after the Committee gualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL Charter Schools Action PAC			
(b) Number and Street Address			
1101 15th Street, NW			2. FEC IDENTIFICATION NUMBER
Suite 1010			C00576215
(c) City, State and ZIP Code Washington	DC	20005	3. TYPE OF COMMITTEE (check one)

I certify that **one** of the following situations is correct (complete line 4 or 5):

STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) 4. _____ and simultaneously qualified as a multicandidate committee through its on affiliation with:

Committee Name: _____

FEC Identification Number: _____

STATUS BY QUALIFICATION: 5.

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District		Date
(i)	WILSON, JOE THE HON., , ,	House	SC	02	09/24/2018
(ii)	MCCARTHY, KEVIN, , ,	House	CA	23	09/24/2018
(iii)	SCALISE, STEVE MR, , ,	House	LA	01	09/24/2018
(iv)	FOXX, VIRGINIA ANN, , ,	House	NC	05	09/24/2018
(v)	COMSTOCK, BARBARA, , ,	House	VA	10	09/24/2018

- (b) Contributors: The committee received a contribution from its 51st contributor on:____06/26/2019
- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____04/17/2015 ______.

I certify that	t I have exami	ined this Stat	ement and to th	e best of my knowledge a	and belief it is true, co	rrect and complete.	
TYPE OR PRINT NAME OF TREASURER			SIGNATURE OF TREASURER		[Electronically Filed]	DATE	
Ottenhoff, E	Benjamin, , ,			Ottenhoff, Benjamin, , ,			07/15/2019
NOTE: Subr	mission of fals			information may subject the NFORMATION SHOULD I			alties of 2 U.S.C. §437g.
			F T	or further information cont ederal Election Commissio JII-free 800-424-9530 Ical 202-694-1100		20463	EC FORM 1M (Revised 1/2001)