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STATEMENT OF **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. AB PAC 601 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 1000, North Bldg. (Check if address is changed) WASHINGTON 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vwinpisinger@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00541714 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Michael J. Ferrell Type or Print Name of Treasurer Michael J. Ferrell [Electronically Filed] 01 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

	EEC Fa	rm 1 (Pavisad 02/2000)	Page 2			
		rm 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>			
		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.)	nplete the candidate			
Nam Can	e of didate					
	didate y Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical 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 segregated function 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 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	Committees 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		
LAB PAC		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
Vickie Wir	pisinger	
Full Name	<sub>1</sub> 315 Inspiration Lane	
Mailing Address		
	Gaithersburg , MD , 20	878 , ,
Title or Position	CITY STATE	ZIP CODE
PAC Administrator	Telephone number	-   947   -   0278
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	he name and address of
Full Name Michael J.	Ferrell	
of Treasurer	601 Pennsylvania Avenue, NW	
Mailing Address		
	Suite 100, North Bldg.	
		71D CODE
Title or Position Treasurer	CITY STATE  Telephone number 202	ZIP CODE - 833 - 9200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

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Full Name of			
Designated Agent			
Mailing Address			
			<u> </u>
	CITY	STATE	ZIP CODE
Title or Position			
	Tel	lephone number	
lame of D ' -	itany ata		
Name of Bank, Deposi	nk of America, N.A.  4201 Connecticut Avenue, NW		
Bai	nk of America, N.A.  4201 Connecticut Avenue, NW		
Bai	nk of America, N.A.	DC 20008	3 3
Bai	nk of America, N.A.  4201 Connecticut Avenue, NW	DC 20008	ZIP CODE
Bai	nk of America, N.A.  4201 Connecticut Avenue, NW  Washington  CITY		
Mailing Address	nk of America, N.A.  4201 Connecticut Avenue, NW  Washington  CITY		
Mailing Address  Name of Bank, Deposi	Augustion America, N.A.  Washington  CITY  itory, etc.	STATE	
Mailing Address	Augustion America, N.A.  Washington  CITY  itory, etc.	STATE	
Mailing Address	Augustion America, N.A.  Washington  CITY  itory, etc.	STATE	