Image# 201804139108057362				04/13/2018 17 : 11
FEC FORM 1	STATEMEN ORGANIZ		Offi	PAGE 1 / 4
1. NAME OF	(Check if name	Example:If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
SNACK FOOD AS				
ADDRESS (number and street)	1600 WILSON BOULEVARD	SUITE 650		
(Check if address				
is changed)			VA2220	9
			SIALE	ZIF GUDE
COMMITTEE'S E-MAIL ADDRE				
 (Check if address is changed) 	jhixson@snacintl.org			
	Optional Second E-Mail Add	dress		
	pdowney@snacintl.c	prg		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	2018 / Y Y Y Y 3			
3. FEC IDENTIFICATION N	UMBER ► C C	00118919		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief in	t is true, correct and	complete.
Type or Print Name of Treasure	er Hixson, Jessica, , ,			
Signature of Treasurer	on, Jessica, , ,	[Electronically Filed]	Date 04	13 / Y Y Y Y 2018
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

04/13/2018 17 : 11

FEC Form 1 (Revised 02/2009) Page 2 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. (Complete the candidate information below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President District District
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. (Complete the candidate information below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President District District
(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. (Complete the candidate information below.) Name of Candidate Office Candidate Office Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
 (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) 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.
information below.) Name of Candidate Candidate Party Affiliation Candidate (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Candidate Candidate Party Affiliation Candidate Office Sought: House Benate President Benate President District C C This committee supports/opposes only one candidate, and is NOT an authorized committee.
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate Image: Candidate <th< td=""></th<>
Party Committee:
(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Pa
Political Action Committee (PAC):
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
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 segregated fund or pa 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.)
Joint Fundraising Representative:
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1. FEC ID number
2 FEC ID number C
3. FEC ID number
4 FEC ID number C

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

SNACK FOOD ASSOCIATION POLITICAL ACTION COMMITTEE (SNACKPAC)

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

SNACK FOOD ASSOC	CIATION POLITICAL ACTION	COMMITTE	E (SNACKP	'AC)
Mailing Address	1600 WILSON BOULEVARD SUITE 650			
	ARLINGTON		VA 222	:09
	CITY		STATE	ZIP CODE
Relationship: 🗴 Connected	Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
Custodian of Deserves Iden	tify by name address (nhane number of	ntional) and positiv	n of the person i	n necession of committee

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Downey, F	Paul, , ,							
Full Name								
Mailing Address	1560 Wilson Blvd							
	Suite 550							
	Arlington VA 22209							
Title or Position	CITY STATE ZIP CODE							
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 of Treasurer	Hixson, Jessica, , ,
Mailing Address	1560 Wilson Blvd., Suite 550
	Arlington
	CITY STATE ZIP CODE
Title or Position Dir Gov Rela	Telephone number 703 - 836 - 4500

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																												_
Full Name of Designated Agent																												
Mailing Address																												
	CITY							STATE ZIP CODE																				
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.

BB8	ат — — — — — — — — — — — — — — — — — — —		
Mailing Address	1717 King Street		
	Alexandria	VA	22314
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	pry, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE