Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. CASSIDY & ASSOCIATES, INC. POLITICAL ACTION COMMITTEE 733 10TH STREET, N.W. ADDRESS (number and street) SUITE 400 (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jbernstein@cassidy.com (Check if address is changed) Optional Second E-Mail Address erogers@nossaman.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2018 C00327593 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. Bernstein, Jordan, Mark, , Type or Print Name of Treasurer Bernstein, Jordan, Mark, , [Electronically Filed] 10 29 2018 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

Local 202-694-1100

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		OMMITTEE 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
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	mittee:	(Dama avatia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor 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 so committee. (i.e., nonconnected committee)	egregated 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	Fund	raising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Comi	mittees 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		A OTIONI OC	
-	SOCIATES, INC. POLITICAL		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leaders	hip PAC Sponsor
Cassidy & Associates,	Inc.		
Mailing Address	733 10th Street, N.W.		
· ·	Suite 400		
	Washington	DC 20001	. 1-1 1
	CITY	STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising	g Representative Lea	adership PAC Sponsor
 Custodian of Records: Identification books and records. Rogers, Er Full Name Mailing Address 	1666 K Street, NW	ion of the person in pos	ssession of committee
	Suite 500		
	Washington	DC 20006	
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records	Telephone nur	mber	887 - 1416
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the na	me and address of
Full Name Bernstein, of Treasurer	Jordan, Mark, ,		
Mailing Address	733 10th Street, NW		
	Suite 400		
	Washington	DC 20001 STATE	ZIP CODE
Title or Position		000	0.47

Telephone number

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Full Name of Designated		
Agent	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit be Name of Bank, I		s accounts, rents
safety deposit bo	xes or maintains funds.	
safety deposit bo Name of Bank, I	wes or maintains funds. Depository, etc. Wells Fargo Bank, N.A. P.O. Box 6995	
safety deposit bo Name of Bank, I	Portland CITY Mells Fargo Bank, N.A. P.O. Box 6995 Portland CITY STATE	995
safety deposit bo Name of Bank, I Mailing Address	Portland CITY Mells Fargo Bank, N.A. P.O. Box 6995 Portland CITY STATE	995
safety deposit bo Name of Bank, I Mailing Address	Portland CITY Mells Fargo Bank, N.A. P.O. Box 6995 Portland CITY STATE	995
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safety deposit be Name of Bank, I Mailing Address	Portland CITY Mells Fargo Bank, N.A. P.O. Box 6995 Portland CITY STATE	995