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) Intl Cemetery Cremation and Funeral Assn. PAC 107 Carpenter Dr Ste 100 ADDRESS (number and street) (Check if address is changed) Sterling 20164 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address Poul@iccfa.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2020 C00385195 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. Knopke, Keenan, , , Type or Print Name of Treasurer Knopke, Keenan,,, [Electronically Filed] 09 25 2020 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

FEC <b>Fo</b> !	orm 1 (Revised 02/2009) Page 2			
TYPE OF C	COMMITTEE  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. (Complete the candidate information below.)			
Name of Candidate				
Candidate Party Affiliation	ion Office State I House Senate President District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Com	nmittee:  (National, State (Democratic,			
(d)	This committee is a or subordinate) committee of the Republican, etc.) Pa			
Political A	Action Committee (PAC):			
(e) <b>x</b>	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 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 pacommittee. (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 Fund	draising 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.			
_	nmittees Participating in Joint Fundraiser			
Com				
Com	FEC ID number			
1.	FEC ID number			

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	_	
Intl Cemetery C	Cremation and Funeral Assn. PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Intl Cemetery Cremat	ion and Funeral Assn	
Mailing Address	107 Carpenter Drive Ste 100	
Maining / Maiross		
	Sterling VA 20164	
	CITY STATE	ZIP CODE
_	SIALE	Zii GODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in pos	session of committee
Lamasta	rs, Poul, , ,	
Full Name	s, r our, , ,	
Mailing Address	107 Carpenter Drive Suite 100	
	Sterling VA 20164	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		391 - 8400
8. <b>Treasurer:</b> List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nat assistant treasurer).	me and address of
Full Name Knopke, I of Treasurer	Keenan, , ,	
Mailing Address	1750 Curlew Rd	
		<u> </u>
	Palm Harbor FL   34683	
	CITY STATE	ZIP CODE
Title or Position		700 0000

Telephone number

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated Agent	Lemasters, Poul, , ,				
Mailing Address	107 Carpenter Drive Suite 100				
	Sterling VA 20164  CITY STATE ZIF	P CODE			
Title or Position Assistant Treas	urer	8400			
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.  Burke & Herbert Bank & Trust					
Mailing Address	King & Fairfax Streets				
	Alexandria VA 22314				
	CITY STATE ZIE	P CODE			
Name of Bank, I	Depository, etc.				
Mailing Address					
	CITY STATE ZIF	P CODE			

## : 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:

This registration is being amended to reflect the PAC's new Treasurer.

Form/Schedule: Transaction ID: