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**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RETAIL INDUSTRY LEADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RETAIL LEADERS PAC 99 M Street SE, SUITE 700 ADDRESS (number and street) (Check if address is changed) Washington 20003-3977 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michael.hanson@rila.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.rila.org (Check if address is changed) DATE 2015 C00112763 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. Hanson, Michael, , , Type or Print Name of Treasurer Hanson, Michael, , , [Electronically Filed] 12 12 2019 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

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TYPE OF C	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. (Compleinformation below.)	ete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		emocratic,
(d)	· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is
	Corporation Wo 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 segrecommittee. (i.e., nonconnected committee)	egated 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 two	or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	an mana na 1945 1
(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.	or more political
ш		
	mittees Participating in Joint Fundraiser	
ш	mittees Participating in Joint Fundraiser	
Com		
Comi	FEC ID number	

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Write or Type Committee Na	ıme	
RETAIL INDUSTRY LE	EADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RETA	IL LEADERS PAC
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Retail Industry Leade	ers Association	
	9191 99991311911	
	20110: 105	
Mailing Address	99 M Street SE	
	Ste 700	
	Washington DC 20003-39	977
	CITY STATE	ZIP CODE
Relationship: x Connec	cted Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
books and records.	dentify by name, address (phone number optional) and position of the person in pos	session of committee
Matic, J Full Name	Jelena, , ,	
Mailing Address	99 M Street	
S	Suite 700	
	Washington DC 20003-39	977
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		201
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the nature of the committee of the c	me and address of
Full Name Hanson	ı, Michael, , ,	
Mailing Address	99 M Street SE	
Mailing Address	Suite 700	
	Washington	977
		ZIP CODE
Title or Position Treasurer		_
<u> </u>	Telephone number	

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Full Name of Designated Agent	Hanson, Michael, , ,				
Mailing Address	99 M Street SE				
	Suite 700				
	Washington DC 20003-397 CITY STATE ZI	P CODE			
Title or Position Treasurer	Telephone number				
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.					
	Bank of America				
Mailing Address	55 M Street SE				
	Suite 101				
	Washington DC 20003-397	7			
	CITY STATE Z	IP CODE			
Name of Bank,	Depository, etc.				
		1			
Mailing Address					
Mailing Address					
Mailing Address					