STATEMENT OF **ORGANIZATION**

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PORIVI I			Offic	e Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
National Automatic N	Merchandising Ass	ociation Political Act	ion Committe	e (NAMA-PAC)
ADDRESS (number and street)	20 North Wacker Drive			1
(Check if address is changed)	Suite 3500			
	Chicago CITY ▲		STATE A	ZIP CODE A
COMMITTEE OF MAIL ADDRES			· · · · · · · · · · · · · · · · · · ·	333
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)	dmathews@vending.or	g		
is changed)	Optional Second E-Mail Addeded! @vending.org	dress		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)			
2. DATE 05 16	2013			
3. FEC IDENTIFICATION NU	JMBER ▶ C c	00235762		
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it i	is true, correct and c	complete.
Type or Print Name of Treasurer	Mr. Dan H. Mathews Jr.			
Signature of Treasurer Mr. D	an H. Mathews Jr.	[Electronically Filed]	Date 05	16 / Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone		may subject the person signing the ON SHOULD BE REPORTED WI		enalties of 2 U.S.C. §437g.

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / 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	tical A	ction Committee (PAC):	
(e)	\times	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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	/rite or Type Committee Name		
1	National Automatic	Merchandising Association Political Action Committee (N	NAMA-PAC)
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
N	ational Automatic Me	rchandising Association Political Action Committee (NAMA-F	PAC)
	Mailing Address	20 North Wacker Drive Suite 3500 Chicago IL 60606	
		CITY STATE ZIF	CODE
	Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
'.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY STATE ZIF	CODE
		Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Mr. Dan H. of Treasurer	Mathews Jr.	
	Mailing Address	20 North Wacker Drive	
		Suite 3500	
		Chicago IL 60606 CITY STATE ZIP	- L
	Title or Position	CITY STATE ZIP	CODE
		Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address		
safety deposit bo Name of Bank, [Depository, etc. Bank of America	
safety deposit bo Name of Bank, [Depository, etc. Bank of America	
safety deposit bo Name of Bank, [Depository, etc. Bank of America 100 S Wacker Dr Chicago IL 60606	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. Bank of America 100 S Wacker Dr Chicago Clity STATE	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Bank of America 100 S Wacker Dr Chicago Clity STATE	ZIP CODE
Name of Bank, E	Depository, etc. Bank of America 100 S Wacker Dr Chicago Clity STATE	ZIP CODE
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