

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ALLIANCE FOR REGENERATIVE MEDICINE PAC ARM PAC

ADDRESS (number and street) 1900 L St NW  
 (Check if address is changed) Suite 735  
Washington DC 20036  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) flagg@DiscGenics.com  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 03 / 12 / 2018

3. FEC IDENTIFICATION NUMBER C C00571695

4. 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.

Type or Print Name of Treasurer Flanagan, Jewett, Flagg, ,

Signature of Treasurer Flanagan, Jewett, Flagg, , [Electronically Filed] Date 03 / 14 / 2018

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.

5. 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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party 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  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# ALLIANCE FOR REGENERATIVE MEDICINE PAC ARM PAC

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

Alliance for Regenerative Medicine

Mailing Address 1900 L St NW  
 Suite 735  
 Washington DC 20036  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name Steel, Aimee, , ,  
 Mailing Address 800 17th Street, NW  
 Suite 1100  
 Washington DC 20006  
 CITY STATE ZIP CODE  
 Title or Position  
 Custodian of Records Telephone number 202 - 828 - 1895

**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 Flanagan, Jewett, Flagg, ,  
 Mailing Address 674 Arapeen Drive  
 Salt Lake City UT 84108  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 985 - 778 - 6751

Full Name of Designated Agent

Dean, Deborah, , ,

Mailing Address

1775 West Oak Commons Ct. NE

Marietta

CITY

GA

STATE

30062

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

770

651

9107

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.

PNC Bank

Mailing Address

800 17th Street, NW

Washington

CITY

DC

STATE

20006

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE