FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Homeless Veterans Coalition PAC 2002 Lee Hwy. ADDRESS (number and street) #17653 (Check if address is changed) **Bristol** 24201 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@vetscoalition.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00676692 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. Cash, Jerry, , , Type or Print Name of Treasurer Cash, Jerry, , , [Electronically Filed] 04 18 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 Only

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In a			
Name of Candidate Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No 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 procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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1. FEC ID number C 2. FEC ID number C	(n)		wo or more political
2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee Name		J
Homeless Veterans Coalit	ion PAC	
6. Name of Any Connected Organization, Affiliate		resentative, or Leadership PAC Sponsor
NONE		
	<u> </u>	<u>. </u>
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connected Organization Affi	_	g Representative Leadership PAC Sponsor
Relationship.	nated Committee Joint Fundraising	Trepresentative Leadership i Ac Sponsor
Custodian of Records: Identify by name, address books and records.	(phone number optional) and posit	cion of the person in possession of committee
Cash, Jerry, , ,		
Full Name 2002 Lee Hwy		
Mailing Address		
Bristol		VA 24201
Title or Position	CITY	STATE ZIP CODE
treasurer	Telephone nur	mber
3. Treasurer: List the name and address (phone nun any designated agent (e.g., assistant treasurer).	nber optional) of the treasurer of the	e committee; and the name and address of
Full Name Cash, Jerry, , , of Treasurer		
Mailing Address 2002 Lee Hwy		
#17653		
Bristol		VA 24201 -
Title or Position	CITY	STATE ZIP CODE
treasurer	Telephone nun	nber

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Full Name of Designated Agent			
Mailing Address			
			-
		CITY STATE	ZIP CODE
Title or Position		Telephone number	
safety deposit bo			
Mailing Address	DDQ1	3000 Lee Hwy	
Mailing Address	DDQ1	3000 Lee Hwy	
Mailing Address	DDQT	3000 Lee Hwy Bristol VA 24202	
Mailing Address		Bristol VA 24202	ZIP CODE
Mailing Address Name of Bank, I		Bristol VA 24202 CITY STATE	ZIP CODE
	Depository, e	Bristol VA 24202 CITY STATE	
	Depository, e	Bristol VA 24202 CITY STATE	
Name of Bank, I	Depository, e	Bristol VA 24202 CITY STATE	
Name of Bank, I	Depository, e	Bristol VA 24202 CITY STATE	

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Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: