## 1203088171

FORM 1

## STATEMENT OF **ORGANIZATION**

OBIGINAL

|   |                               |   | Office Use Only                                   |  |
|---|-------------------------------|---|---|--|
| NAME OF     COMMITTEE (in full)   | (Check if name is changed)    | Example: If typing, type over the lines.  | TEC M   |  |
| National Association for  | rıFixed Annuities ı ı         | 1111111   | MAIL!   |  |
|   |                               | 111111  | CE AM   |  |
| ADDRESS (number and street)   | 2300 East Kensing             | ton Blvd  | $\mathbb{Z}^{\frac{n}{2}}$                        |  |
| (Check if address is changed)   |                               |   |   |  |
|   | Milwaukee<br>CITY A           |   | WI 53211 - ZIP CODE ▲                             |  |
| COMMITTEE'S E-MAIL ADDRES   | ss                            |   |   |  |
| (Check if address is changed)   | nafa@electionco               | mpliance.com  |   |  |
| •   | Optional Second E-Mail Add    | ress  |   |  |
|   |                               |   |   |  |
| COMMITTEE'S WEB PAGE ADI  | DRESS (URL)                   |   |   |  |
| is changed)   |                               |   | <del>                                      </del> |  |
|   |                               |   | <del>                                     </del>  |  |
| 2. DATE 08 13   | 3 2012                        |   |   |  |
| 3. FEC IDENTIFICATION NUMBER ▶ C  |                               |   |   |  |
| 4. IS THIS STATEMENT ✓  | NEW (N) OR                    | AMENDED (A)   |   |  |
| I certify that I have examined th   | nis Statement and to the best | of my knowledge and belief it   | t is true, correct and complete.                  |  |
| Type or Print Name of Treasure  | Chris Johnson                 |   |   |  |
| Signature of Treasurer  | 3. Chatpt                     | )   | Date 08 '313 '2012 '                              |  |
| 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<br>Use<br>Only   |                               | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | EEL, ELIBNI I                                     |  |

|                     |       | OMMITTEE  Committee:   |
|---------------------|-------|--|
| (a)                 | uate, | 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<br>Candida  |       |  |
| Candida<br>Party Af |       | Office State on Sought: House Senate President District  |
| (c)                 |       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of Candida     |       |  |
| Party (             | Com   | mittee:  |
| (d)                 |       | (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.  |
| Politica            | al A  | ction 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 Y Trade Association Cooperative  |
|                     |       | In addition, this committee is a Lobbyist/Registrant PAC.  |
| <b>(f)</b>          |       | 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 F             | und   | 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. |
| (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.         |
| (                   | Comi  | mittees Pasticipating in Joint Fundraiser  |
|                     |       |  |
|                     | 1.    |  |
| 2                   | 2.    | FEC ID number C  |
| 3                   | 3.    | FEC ID number C  |
| 4                   | 4     |  |

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|---|--|---------------------------------|
| Write or Type Committee Nam                               |  | . 232 2                         |
| National Association for Fixe                             | d Annuities  |                                 |
| 6. Name of Any Connected                                  | Organization, Affiliated Committee, Joint Fundraising Representative,                          | or Leadership PAC Sponsor       |
|   |  |                                 |
| National Association                                      | for Fixed Annuities  |                                 |
|   |  |                                 |
| Mailing Address   | 2300 East Kensington Blvd.   |                                 |
|   |  |                                 |
|   | [Milwaukee   | 53211 -                         |
|   | CITY STATE   | ZIP CODE                        |
| Relationship: 🗸 Connect                                   | ed Organization Affiliated Committee Joint Fundraising Representat                             | ive Leadership PAC Sponsor      |
|   |  |                                 |
| 7. Custodian of Records: Ide books and records.           | entify by name, address (phone number optional) and position of the pe                         | rson in possession of committee |
| Full Name PAC   | Outsourcing LLC  |                                 |
| Mailing Address   | [6192,Oxon,Hill,Road   |                                 |
|   | Suite 601  |                                 |
|   |  | 20745  -                        |
| Title or Position   |  | ZID CODE                        |
| Title or Position   | CITY STATE   | ZIP CODE                        |
| Custodian of Re   | cords Telephone number   | 01   - [839   - [65,10          |
| 8. Treasurer: List the name a any designated agent (e.g., | and address (phone number — optional) of the treasurer of the committee; assistant treasurer). | and the name and address of     |
| Full Name of Treasurer Chris                              | Johnson, , , , , , , , , , , , , , , , , , ,   | <del></del>                     |
| Mailing Address   | 2300 East Kensington Blvd  | <u> </u>                        |
|   |  |                                 |
|   | Milwaukee  | 53211  -                        |
| Title on Decition   | CITY STATE   | ZIP CODE                        |
| Title or Position   |  |                                 |

Treasurer

Telephone number

414 - 332 - 9306

9.

| <del>-,-</del>  | 4 (Dayler of 00 (0000) |                          | D 4              |  |  |
|---|------------------------|--------------------------|------------------|--|--|
| FEC FOR   | m 1 (Revised 02/2009)  | <del> </del>             | Page 4           |  |  |
| Full Name of Designated Agent   | Wade Williams          |                          |                  |  |  |
| Mailing Address   | 6192 Oxon Hill Rd.     |                          |                  |  |  |
|   | Suite 601              |                          |                  |  |  |
|   | Oxon Hill CITY         | MD <sub>1</sub><br>STATE | 20745 - ZIP CODE |  |  |
| Title or Position  Assistant  | Treasurer              | Telephone number 30      | 1 - 839 - 6510   |  |  |
| 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. |                        |                          |                  |  |  |
|   | JP Morgan Chase        |                          | 1                |  |  |
| Mailing Address   | 111 E Wisconsin Ave    |                          |                  |  |  |
| ·   |                        |                          |                  |  |  |
|   | Milwaukee              | <u>  WI</u>              | 53202            |  |  |
|   | CITY                   | STATE                    | ZIP CODE         |  |  |
| Name of Bank,   | Depository, etc.       |                          |                  |  |  |
|   |                        |                          |                  |  |  |
| Mailing Address   |                        |                          |                  |  |  |
|   |                        |                          |                  |  |  |
|   |                        |                          | <u> </u>         |  |  |
|   | CITY                   | STATE                    | ZIP CODE         |  |  |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate |                       |
|--|-----------------------|
|  | Date of/Receipt       |
| Hand Delivered   | 8/30/12               |
| USPS First Class Mail  | Postmarked            |
| USPS Registered/Certified  | Postmarked (R/C)      |
| USPS Priority Mail   | Postmarked            |
| Delivery Confirmation™ or Signature Conf   | irmation™ Label       |
|  | Postmarked            |
| USPS Express Mail  |                       |
| Postmark Illegible   |                       |
| No Postmark  |                       |
| Overnight Delivery Service (Specify):  | Shipping Date         |
|  | ess Day Delivery      |
| Received from House Records & Registration Office  | Date of Receipt       |
| Received from Senate Public Records Office   | Date of Receipt       |
| Received from Electronic Filing Office   | Date of Receipt       |
| Other (Specify):   | Receipt or Postmarked |
| W  | 8/30/12               |
| PREPARER   | DATE PREPARED         |
| (3/2005)   |                       |