Image# 201902059145462773				02/05/2019 15 : 48
FEC FORM 1	STATEMEN ORGANIZA	_	Offic	PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	· · · · · · · · · · · · · · · · · · ·
COMMITTEE (in full)	is changed)	over the lines.		
CASSIDY & ASS	SOCIATES, INC.	POLITICAL ACT		
	733 10TH STREET, N.W.			
ADDRESS (number and street)	SUITE 400			
 (Check if address is changed) 				
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	jbernstein@cassidy.cor	n		
is changed)	Optional Second E-Mail Add	Iress		
	rogerseb@ballardspa			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DDRESS (URL)			
)5 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N	IUMBER ► C co	00327593		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and o	complete.
	Demotrie January Marsh			
Type or Print Name of Treasure	er Bernstein, Jordan, Mark, ,			
Signature of Treasurer	nstein, Jordan, Mark, ,	[Electronically Filed]	Date 02	05 / Y Y Y Y 2019
NOTE: Submission of false, error	neous, or incomplete information i ANY CHANGE IN INFORMATIO			enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	Revised 06/2012)

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F	EC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Cano	didate	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.)	te the candidate
Name Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	imittee:	
(d)		(National, State (December 2017)	emocratic, publican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

CASSIDY & ASSOCIATES, INC. POLITICAL ACTION COMMITTEE

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

Cassidy & Associates,	Inc.								
Mailing Address	733 10th Street, N.W.								
	Suite 400								
	Washington	DC 20001							
	CITY	STATE ZIP COE	DE						
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.

Rogers, Er	nory, , ,
Full Name	
Mailing Address	1909 K Street, NW
	12th Floor
	Washington DC 20006
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 202 661 7639

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	Bernstein, Jordan, Mark, ,
Mailing Address	733 10th Street, NW
	Suite 400
	Washington DC 20001 – / / / / / / / / /
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 347 0773

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Full Name of Designated Agent										1																	
Mailing Address																											
																	L			L							
						(CIT	Y									STA	ΤE				ZI	ΡC	COD	Ε		
Title or Position																											
												Tele	eph	ione	e n	umt	ber										

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 E	Bank, D	epository,	etc.
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Wells	Fargo Bank, N.A.		
Mailing Address	P.O. Box 6995		
	Portland	OR 97228	-6995
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE