PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Associated Builders and Contractors Political Action Committee (ABC PAC) 440 First Street NW ADDRESS (number and street) Suite 200 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Swearingen@abc.org (Check if address is changed) Optional Second E-Mail Address pacservices@ddcpublicaffairs.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00010421 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. Swearingen York, Kristen, , , Type or Print Name of Treasurer Swearingen York, Kristen, , , [Electronically Filed] 01 28 2019 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. FEC FORM 1

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

FEC FOI	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE 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.)	ete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		emocratic,
(d)	· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is
	Corporation Wo 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 segrecommittee. (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	or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	on manua na 1945 1
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
ш		
	mittees Participating in Joint Fundraiser	
ш	mittees Participating in Joint Fundraiser	
Com		
Comi	FEC ID number	

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FEC Form 1 (Re	evised 02/2009)		Page 3
Write or Type Committee	e Name		
Associated B	uilders and Contractors F	Political Action C	ommittee (ABC PAC)
6. Name of Any Conne	ected Organization, Affiliated Committee, J	oint Fundraising Representa	tive, or Leadership PAC Sponsor
Associated Builde	ers & Contactors		
	440 First Street NW		
Mailing Address	Suite 200		
			20004 2076
	Washington	DC	20001-2376
	CITY	STAT	E ZIP CODE
Relationship: X Co	nnected Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC Sponsor
books and records.	ls: Identify by name, address (phone number	optional) and position of t	he person in possession of committee
Pu Full Name	blic Affairs, DDC, , ,		
Mailing Address	805 15th Street NW		
maming ridal eee	Suite 300		
	Washington	, DC	20005
Title or Position	CITY	STATE	ZIP CODE
Custodian of Record	S	Telephone number	202 830 - 2038
	nme and address (phone number optional) (e.g., assistant treasurer).	of the treasurer of the comm	ittee; and the name and address of
Full Name Sw of Treasurer	earingen York, Kristen, , ,		
Mailing Address	440 First Street, NW		
-	Suite 200		
	Washingon	DC	20001
	CITY	STATE	
Title or Position , Treasurer			1 202 1 595 1 1505
		Telephone number	

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		<u> </u>
Full Name of Designated Agent	Gennaro, Tea, , ,	
Mailing Address	440 First Street, NW	
-	Suite 200	
	Washington DC 2000)1
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number 202 –	595 - 1505
	r Depositories: List all banks or other depositories in which the committee deposits funds, h	olds accounts, rents
safety deposit be Name of Bank,	Wells Fargo	
	Depository, etc. Wells Fargo P.O. Box 63020	
Name of Bank,	Depository, etc. Wells Fargo P.O. Box 63020	3
Name of Bank,	Depository, etc. Wells Fargo P.O. Box 63020	ZIP CODE
Name of Bank,	Depository, etc. Wells Fargo P.O. Box 63020 San Francisco CA 9416 CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Wells Fargo P.O. Box 63020 San Francisco CA 9416 CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Wells Fargo P.O. Box 63020 San Francisco CA 9416 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo P.O. Box 63020 San Francisco CA 9416 CITY STATE Depository, etc.	ZIP CODE
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