| Image# 202201279475197942                                  |                                                              |                                                                                                    |                         | PAGE 1 / 5                      |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FEC<br>FORM 1                                              | STATEMEI<br>ORGANIZ                                          | Of                                                                                                 | fice Use Only           |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 1. NAME OF<br>COMMITTEE (in full)                          | (Check if name                                               | Example: If typing, type                                                                           | 12FE4M5                 |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            | is changed)                                                  |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                              |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                              |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            | 9450 W. Bryn Mawr Road                                       |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS (number and street)                                | Suite 150                                                    |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| is changed)                                                | Rosemont                                                     |                                                                                                    |                         | 18                              |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                              |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                              |                                                                                                    | -                       |                                 |  |  |  |  |  |  |  |  |  |  |  |
| COMMITTEE'S E-MAIL ADDF                                    | ,lwathne@acpa.org                                            |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| is changed)                                                |                                                              |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            | Optional Second E-Mail Ad                                    | dress                                                                                              |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                              |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| COMMITTEE'S WEB PAGE A<br>(Check if address<br>is changed) | DDRESS (URL)                                                 |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 2. DATE 01                                                 | 27 <sup>Y</sup> Y Y Y Y<br>2022                              |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 3. FEC IDENTIFICATION                                      | NUMBER ► C c                                                 | 00322727                                                                                           |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 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.                       |  |  |  |  |  |  |  |  |  |  |  |
|                                                            | Wathra Loif C                                                |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| Type or Print Name of Treasu                               | rer Wathne, Leif, G, ,                                       |                                                                                                    |                         |                                 |  |  |  |  |  |  |  |  |  |  |  |
| Signature of Treasurer                                     | thne, Leif, G, ,                                             | [Electronically Filed]                                                                             | Date 01                 | 27 / Y Y Y Y<br>2022            |  |  |  |  |  |  |  |  |  |  |  |
| NOTE: Submission of false, erro                            | pneous, or incomplete information<br>ANY CHANGE IN INFORMATI | may subject the person signing<br>ON SHOULD BE REPORTED                                            |                         | penalties of 2 U.S.C. §437g.    |  |  |  |  |  |  |  |  |  |  |  |
| Office<br>Use<br>Only                                      |                                                              | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                         | FEC FORM 1<br>(Revised 06/2012) |  |  |  |  |  |  |  |  |  |  |  |

01/27/2022 10 : 33

| -                 |        |                                                                                                                                                                                                        | _                                    |
|-------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| FE                | C For  | m 1 (Revised 02/2009)                                                                                                                                                                                  | Page <b>2</b>                        |
| TYPE              | OF CO  | DMMITTEE                                                                                                                                                                                               |                                      |
| Cand              | idate  | 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. (Complinformation below.)                                                                                        | ete the candidate                    |
| Name of Candid    |        |                                                                                                                                                                                                        |                                      |
| Candid<br>Party A |        | n Office<br>Sought: House Senate President                                                                                                                                                             | State                                |
| (C)               |        | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                |                                      |
| Name o<br>Candida |        |                                                                                                                                                                                                        |                                      |
| Party             | Com    | mittee:                                                                                                                                                                                                |                                      |
| (d)               |        |                                                                                                                                                                                                        | emocratic,<br>epublican, etc.) Party |
| Politic           | cal Ac | ction Committee (PAC):                                                                                                                                                                                 |                                      |
| (e)               | ×      | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected                                                                                               | ected organization is                |
|                   |        | Corporation Corporation w/o Capital Stock                                                                                                                                                              | Labor Organization                   |
|                   |        | Membership Organization                                                                                                                                                                                | 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 seg committee. (i.e., nonconnected committee)                                                                   | regated fund or part                 |
|                   |        | In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                              |                                      |
|                   |        | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)                                                                                                                         |                                      |
| Joint I           | 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 committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                    |
|                   | Comr   | nittees Participating in Joint Fundraiser                                                                                                                                                              |                                      |
|                   | 1.     | FEC ID number                                                                                                                                                                                          |                                      |
|                   | 2.     | FEC ID number                                                                                                                                                                                          |                                      |
|                   | 3.     | FEC ID number                                                                                                                                                                                          |                                      |
|                   | 4.     | FEC ID number                                                                                                                                                                                          |                                      |
|                   |        |                                                                                                                                                                                                        |                                      |

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3492

202

Telephone number

330

Write or Type Committee Name

Treasurer

## AMERICAN CONCRETE PAVEMENT ASSOCIATION PAC (ACPA)

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

|                 |                                     | ASSOCIATI    |           | PA)              |          |
|-----------------|-------------------------------------|--------------|-----------|------------------|----------|
|                 |                                     |              |           |                  |          |
| Mailing Address | 9450 W. Bryn Mawr Roa               | ad<br>       |           |                  |          |
|                 | Suite 150                           |              |           |                  |          |
|                 | Rosemont                            |              | 60018<br> |                  |          |
|                 |                                     | CITY         |           | STATE            | ZIP CODE |
|                 | cords: Identify by name, address (p | ed Committee | 4         | g Representative |          |
|                 | Wathne, Leif, G, ,                  |              |           |                  |          |
| Full Name       | 7106 Sylvan Glen lane               |              |           |                  |          |
| Mailing Address |                                     |              |           |                  |          |
|                 |                                     |              |           |                  |          |
|                 | Fairfax Station                     |              | I         | VA               | 22020    |
|                 |                                     |              |           |                  | 22039    |

| 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<br>of Treasurer      | Wathne, Leif, G, ,                |
|--------------------------------|-----------------------------------|
| Mailing Address                | 7106 Sylvan Glen Iane             |
|                                |                                   |
|                                | Fairfax Station     VA     22039  |
|                                | CITY STATE ZIP CODE               |
| Title or Position<br>Treasurer | Telephone number 202 - 330 - 3492 |

| Full Name of<br>Designated | Gieraltowski, Andrew, , ,                     |
|----------------------------|-----------------------------------------------|
| Agent                      |                                               |
| Mailing Address            | 9450 W. Bryn Mawr Ave.                        |
|                            | Suite 150                                     |
|                            | Rosemont     IL     60018       -     -     - |
|                            | CITY STATE ZIP CODE                           |
| Title or Position          | rer Telephone number 847 966 2272             |

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.

| l                |                    |       |          |
|------------------|--------------------|-------|----------|
| Mailing Address  | 7150 Mannheim Road |       |          |
|                  | MD G24981          |       |          |
|                  | Rosemont           |       | 0018     |
|                  | CITY               | STATE | ZIP CODE |
| Name of Bank, De | epository, etc.    |       |          |
| l                |                    |       |          |
| Mailing Address  |                    |       |          |
|                  |                    |       |          |
|                  |                    |       |          |
|                  | CITY               | STATE | ZIP CODE |

| Image# 202201279475197946                  |                                                                              |                        |
|--------------------------------------------|------------------------------------------------------------------------------|------------------------|
| FEC Form 1S (Revised 02/201                | 7) Optional Supplemental Information<br>for Lines 5(g) or (h), 6, 8 and/or 9 | Page _5_ of 5          |
| 5(g)or(h). Joint Fundraising               | Participant:                                                                 |                        |
| 1.                                         | FEC ID number                                                                |                        |
| 2.                                         | FEC ID number                                                                |                        |
| 3.                                         | FEC ID number                                                                |                        |
| 4.                                         | FEC ID number                                                                |                        |
| 6. Name of Any Connected Or                | ganization, Affiliated Committee, Joint Fundraising Representative, or       | Leadership PAC Sponsor |
|                                            |                                                                              |                        |
|                                            |                                                                              |                        |
| Mailing Address                            |                                                                              |                        |
|                                            |                                                                              |                        |
|                                            |                                                                              |                        |
| Relationship:                              | CITY A STATE A                                                               | ZIP CODE               |
| Connected C                                | rganization Affiliated Committee Joint Fundraising Representative            | Leadership PAC Sponsor |
|                                            | y name, address (phone number – optional)<br>nic, Giovanni, Mr.,             |                        |
| Mailing Address                            | 1212 4th St SE                                                               |                        |
|                                            | Apt 832                                                                      |                        |
|                                            | Washington                                                                   | 20003                  |
|                                            | CITY A STATE A                                                               |                        |
| TITLE OR POSITION ▼<br>Assistant Treasurer | 630                                                                          | 432 - 7533             |

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,<br>Depository, etc. |  |  |  |  |  |  |  |  |  |  |  |   |     |      |  |  |  |     |     |    |   |   |   |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|-----|------|--|--|--|-----|-----|----|---|---|---|--|--|--|--|
| Mailing Address                   |  |  |  |  |  |  |  |  |  |  |  |   |     |      |  |  |  |     |     |    |   |   |   |  |  |  |  |
|                                   |  |  |  |  |  |  |  |  |  |  |  |   |     |      |  |  |  |     |     |    |   |   |   |  |  |  |  |
|                                   |  |  |  |  |  |  |  |  |  |  |  |   |     |      |  |  |  |     |     |    |   |   |   |  |  |  |  |
| CITY A                            |  |  |  |  |  |  |  |  |  |  |  | S | TAT | ΓE . |  |  |  | ZIP | C C | OD | E | • | _ |  |  |  |  |