Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 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 outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address Singerling@abc.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2016 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. Mr. Chris Singerling Type or Print Name of Treasurer Mr. Chris Singerling [Electronically Filed] 05 26 2016 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 Local 202-694-1100

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	COMMITTEE e 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	X In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	
Cor	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number C	

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Write or Type Committee Name		<u> </u>
	ers and Contractors Political Action Committee (	ABC PAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Associated Builders &	Contactors	
Mailing Address	440 First Street NW	
	Suite 200 Washington DC 20001-2376 CITY STATE ZII	P CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE ZIF	P CODE
	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Mr. Chris S	Singerling	
Mailing Address	4250 Fairfax Dr	
	[FI 9	
	Arlington VA 22203-1665 CITY STATE ZIF	CODE
Title or Position	700	0000

Telephone number

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		
	Depository, etc.  Wells Fargo  ,P.O. Box 63020	
Name of Bank, I	Wells Fargo P.O. Box 63020	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo  P.O. Box 63020  San Francisco  CA 94163  CITY  STATE	
Name of Bank, I	Depository, etc.  Wells Fargo  P.O. Box 63020  San Francisco  CA 94163  CITY  STATE	
Name of Bank, I	Depository, etc.  Wells Fargo  P.O. Box 63020  San Francisco  CA 94163  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo  P.O. Box 63020  San Francisco  CA 94163  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo  P.O. Box 63020  San Francisco  CA 94163  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo  P.O. Box 63020  San Francisco  CA 94163  CITY STATE  Depository, etc.	ZIP CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

Amendment to update PAC e-mail addresses.

Form/Schedule: Transaction ID: