Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **ESOP PAC** 1200 18th Street, N.W. ADDRESS (number and street) **Suite 1125** (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kmark@esopassociation.org (Check if address X is changed) Optional Second E-Mail Address jbonham@esopassociation.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 1985 C00196089 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. Bonham, James, J., Mr., Type or Print Name of Treasurer Bonham, James, J., Mr., [Electronically Filed] 02 2020 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	i aye Z
Candidat	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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	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		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o 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 secommittee. (i.e., nonconnected committee)	gregated 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 Fun	draising 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.	vo 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.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

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Write or Type Committee	Name	
ESOP PAC		
. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative Fundraising Representative Fundraising Representative Fundraising Representative Fundraising Fundraising Fundraising Fundraising Fundraising Fun	
books and records.	. Identify by flame, address (prione flamber — optional) and position of the person	on in possession of committee
Mark Full Name	, Kristie, , ,	
	1200 18th Street, N.W.	
Mailing Address	Suite 1125	
	Washington	20036
Title or Position	CITY STATE	ZIP CODE
Chief Oper. Officer	Telephone number	
Treasurer: List the nam any designated agent (6	e and address (phone number optional) of the treasurer of the committee; an e.g., assistant treasurer).	d the name and address of
Full Name Bonh	am, James, J., Mr.,	
Mailing Address	1200 18th Street., NW	
	STE 1125	
	Washington	20036
Title or Position	CITY STATE	ZIP CODE
, President		293 2971

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Full Name of Designated Agent	1	
Mailing Address		
y		
	CITY STATE	ZIP CODE
Title or Position		ZII CODE
	Telephone number	
Banks or Other safety deposit b Name of Bank,		olds accounts, rents
safety deposit b	Depository, etc. PNC Bank P.O. Box 609	la accounts, rents
safety deposit b Name of Bank,	Depository, etc. PNC Bank P.O. Box 609	olds accounts, rents
safety deposit b Name of Bank,	PNC Bank P.O. Box 609	D-9738
safety deposit b Name of Bank,	PNC Bank P.O. Box 609	
safety deposit b Name of Bank,	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	D-9738
safety deposit b Name of Bank, Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	D-9738
safety deposit b Name of Bank, Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pa 15230 CITY STATE	D-9738
safety deposit b Name of Bank, Mailing Address Name of Bank,	PNC Bank P.O. Box 609 Pittsburgh Pa 15230 CITY STATE	D-9738
safety deposit b Name of Bank, Mailing Address Name of Bank,	PNC Bank P.O. Box 609 Pittsburgh Pa 15230 CITY STATE	D-9738