

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

**ESOP PAC**

ADDRESS (number and street)

1200 18th Street, N.W.

☐(Check if address  
is changed)

Suite 1125

Washington

CITY ▲

DC

STATE ▲

20036

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒(Check if address  
is changed)

kmark@esopassociation.org

Optional Second E-Mail Address

jbonham@esopassociation.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
05 / 15 / 1985

3. FEC IDENTIFICATION NUMBER ►

C C00196089

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.

Type or Print Name of Treasurer Bonham, James, J., Mr.,

Signature of Treasurer

Bonham, James, J., Mr.,

[Electronically Filed]









Date

MM / DD / YYYY  
02 / 04 / 2020

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

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.

Full Name

Mark, Kristie, , ,

Mailing Address

1200 18th Street, N.W.

Suite 1125

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

Chief Oper. Officer

Telephone number

202

293

2971

**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

Bonham, James, J., Mr.,

Mailing Address

1200 18th Street., NW

STE 1125

Washington

DC

20036

Title or Position  
President

CITY

STATE

ZIP CODE

Telephone number

202

293

2971

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

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.

PNC Bank

Mailing Address

P.O. Box 609

Pittsburgh

PA

15230-9738

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE