

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

X

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

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CONSUMER CREDIT INSURANCE ASSOCIATION DBA

CONSUMER CREDIT INDUSTRY ASSOCIATION POLITICAL AC

ADDRESS (number and street)

6300 POWERS FERRY ROAD

(Check if address is changed)

SUITE 600-286

ATLANTA

GA

30339

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

SJ JSCIPINFO@CCIONLINE.COM

Optional Second E-Mail Address

Sneal@ccionline.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.CCIONLINE.COM

2. DATE

3. FEC IDENTIFICATION NUMBER

C00550483

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Dick Williams

Signature of Treasurer

[Handwritten Signature]

Date

1-16-14

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 Only

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

FEC FORM 1 (Revised 06/2012)

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14031161030

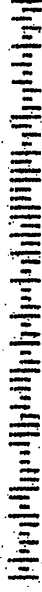
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 PREPARER

1/23/14
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