Image# 202206159514861072				PAGE 1 / 5
FEC FORM 1	STATEMEN ORGANIZA	_		
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	ADERS ASSOCIATION PO	DLITICAL ACTION COMI		RETAIL LEADERS PAC
				· · · · · · · · · · · · · · · · · · ·
	199 M Street SE			
ADDRESS (number and street)				
(Check if address is changed)	Suite 700			
	Washington			0003-3977
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	Michael.hanson@rila.c	org		
	Optional Second E-Mail Add	lress		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 06 /	13 / Y Y Y Y 2022			
3. FEC IDENTIFICATION I	NUMBER ► C co	00112763		
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 ar	nd complete.
Type or Print Name of Treasu	rer Hanson, Michael, , ,			
Signature of Treasurer	nson, Michael, , ,	[Electronically Filed]	Date 06	/ D D / Y Y Y Y 13 2022
NOTE: Submission of false, error	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing f		e penalties of 52 U.S.C. §30109
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE:	
Candidate 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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of	
(d) This committee is a or subordinate) committee of the Repu	nocratic, ublican, etc.) Party
Political Action Committee (PAC):     (e) <b>x</b> This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund.	onnected organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization X 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 seg committee. (i.e., nonconnected committee)	gregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	brid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	L													J	С		1		 <u>.</u>
2.	L							1							С				

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V	Vrite or Type Committee Name		
	RETAIL INDUSTRY LEA	ADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RETAIL LE	ADERS PAC
6.	Name of Any Connected O Retail Industry Lead	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership ers Association	PAC Sponsor
	Mailing Address	99 M Street SE	
		Washington     DC     20003-3977	
		CITY A STATE A ZIF	P CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	dership 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.

Hanson, Mi	chael, , ,		
Full Name			
Mailing Address	99 M Street		
	Suite 700		
	Washington		20003-3977
	CITY 🔺	STATE A	ZIP CODE
Title or Position ▼			
Custodian of Records		Telephone number	

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	Hanson, Michael, , ,
of Treasurer	
Mailing Address	99 M Street SE
	Suite 700
	Washington     DC     20003-3977
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 202 - 550 - 1932

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Full Name of Designated Agent										ĺ									ĺ							1	
Mailing Address																											
																								L			
						Cľ	ΤY								:	ST/	ΛTE				ZI	РC		ЭЕ			
Title or Position ▼																											
											Tele	eph	ione	e n	umł	ber				· [_							

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.

	Bank of America		
Mailing Address	55 M Street SE		
	Suite 101		
	Washington		003-3977
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Changing Treasurer, email address, and designated agent.

Form/Schedule: Transaction ID: