| Image# 201807109115292076 | | | _ | |
|---|---|---|------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | _ | Off | PAGE 1 / 4 |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| | | | DMMITTEE; T | |
| ADDRESS (number and street) | 701 8th Street, NW, Suite 610 |) D | | |
| (Check if address is changed) | | | DC 2000 STATE ▲ | 01 ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| (Check if address is changed) | ericpac@eric.org | dress | | |
| COMMITTEE'S WEB PAGE AI | | ources/ERICPAC/homepage.htm | | |
| 2. DATE 10 0 | | 00415505 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examined Type or Print Name of Treasur | this Statement and to the best rer Camacho, Carla, , , | of my knowledge and belief i | t is true, correct and | complete. |
| Signature of Treasurer | nacho, Carla, , , | [Electronically Filed] | Date 07 | D D / Y Y Y Y 10 2018 |
| NOTE: Submission of false, erro | neous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing ON SHOULD BE REPORTED \ | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

07/10/2018 15 : 13

| - | | | |
|----------------|---------------------|---|----------------------------------|
| F | EC For | rm 1 (Revised 02/2009) | Page 2 |
| TYPE | OF C | OMMITTEE | |
| Can | didate | 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. (Complete information below.) | the candidate |
| Name Candi | | | |
| Candi Party | idate Affiliatio | on Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candi | | | |
| Part | y Com | nmittee: | |
| (d) | | | ocratic, olican, etc.) Party. |
| Polit | ical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte | d organization is a: |
| | | Corporation Corporation w/o Capital Stock | or Organization |
| | | Membership Organization | perative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ted 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 | t Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate. | nore political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ERISA INDUSTRY COMMITTEE POLITICAL ACTION COMMITTEE; THE (ERIC PAC)

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

| | DIMMITTEE POLITICAL ACTION COMMIT | | |
|----------------------------------|---|---------------|--------------------------|
| | | | |
| Mailing Address | 701 8th Street, NW, Suite 610 | | |
| | | | |
| | WASHINGTON | DC | 20001 |
| | CITY | STATE | ZIP CODE |
| Relationship: x Connected | Organization Affiliated Committee Joint Fundraising | Representativ | e 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.

| Camacho, | Carla, , , |
|-------------------|-------------------------------------|
| Full Name | |
| Mailing Address | 701 8th Street, NW |
| | Suite 610 |
| | Washington DC 20001 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | 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 of Treasurer | Camacho, Carla, , , |
|--------------------------------|---|
| Mailing Address | 701 8th Street, NW |
| | Suite 610 |
| | Washington DC 20001 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 202 - 789 - 1400 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | ĺ | | | | | | | | | | | | | | | | | 1 | | |
|-------------------------------------|--|---|--|--|--|---|--|-----|---|--|--|------|-----|------|------|-----|-----|-----|--|---|--|----|-----|-----|----|---|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | | | | | L | | | L | | | 1 | | | 1 | |
| | | | | | | | | CIT | Y | | | | | | | | ST | ATE | | | | ZI | р С | COD | θE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tele | eph | ione | e ni | uml | 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.

| Ban | k of America | | |
|------------------------|--------------|-------|----------|
| Mailing Address | P.O. 15284 | | |
| | | | |
| | | DE 19 | 850 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Deposito | ory, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |