FEC

STATEMENT OF ORGANIZATION

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FORM 1		O	RGAN	IZATI(ON							
									Office Use	Only		
1. NAME OF COMMITTEE (in	n full)		(Check if name is changed)		ample:If ty er the line:	rping, type s.	12FE	4M5				
NATIONAL (CLUB A	SSO	CIATION		ΓICAL	ACTION	CON	иміт	TEE (CLU	BPA	C)
ADDRESS (number a	nd street)	1680 Du	ıke St. Suite 420) 								
(Check if a is changed												Ш
		Alexand	lria │				VA STATE		2314	ZIP CO	DE 🛦	Ш
COMMITTEE'S E-MA	AIL ADDRES	S										
(Check if a is changed		trauge	er@nationalc	lub.org								
		Optional trauge	Second E-Ma er@nationa	il Address Iclub.org								Ш
COMMITTEE'S WEB (Check if a is changed	address	RESS (U	RL)									
2. DATE 0	M / D I I) / Y	2016									
3. FEC IDENTIFIC	CATION NUI	MBER)	C	C001654	72							
4. IS THIS STATEM	MENT	NEW	(N) OF	3	c AMI	ENDED (A)						
I certify that I have e	examined this	s Statem	ent and to the	best of my	knowledg	e and belief it	is true, c	orrect ar	nd compl	ete.		
Type or Print Name	of Treasurer	Trauger	, Joe, , ,									
Signature of Treasure	er <i>Trauge</i> r	r, Joe, , ,			[Electroni	cally Filed]	Date	M = M 06	07) / Y	2022	Y
NOTE: Submission of	false, erroned		complete informa						e penaltie	es of 52	U.S.C. §	30109.
Office Use Only					Federal E	er information co lection Commissio 800-424-9530 -694-1100				FORI sed 06/20		

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. TY	PE O	OF COMMITTEE:					
Ca	andidate 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 Candic						
	Candic Party /	date Office Affiliation Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand	ne of didate					
Pa	arty Committee:						
(d)		This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party				
Po	olitica	al Action Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:				
		Corporation Corporation w/o Capital Stock Labor	r Organization				
			erative				
		✗ In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ated 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)	П	This committee is an independent expenditure-only political committee (Super PAC).					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(h)	П	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).				
		In addition, this committee is a Lobbyist/Registrant PAC.	·				
Jo	int F	undraising Representative:					
(i)		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.	o or more political				
(j)		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				
	Com	mittees Participating in Joint Fundraiser					
	1	C					
	_	C					

Treasurer

	_		
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V	Vrite or Type Committee Name		
	NATIONAL CLUB	ASSOCIATION POLITICAL ACTION COMMITTEE	(CLUBPAC)
6.		rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
	National Club Assoc	iation	
	Mailing Address	1201 15th Street, NW	
		Suite 450	
		Wasington DC 20005	1 1
		OUTY A	71D 00DE 4
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possess	sion of committee
	Trauger, Jo	pe, , ,	
	Full Name		
	Mailing Address	1680 Duke St.	
		SUITE 420	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	CITY	ZIP CODE A
	Treasurer		822 9822
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Trauger, Jo	pe, , ,	
	of Treasurer		
	Mailing Address	1680 Duke St.	
		SUITE 420	
		Alexandria	-
		OUTV A	7ID 00DE 4
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲

202

Telephone number

822

9822

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Full N Desig Agent		Trauger, Joe, , ,		
Mailin	g Address	1201 15th St. NW		
		Suite 450		
		Washington	DC	20005
Title c	or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	President		number	202 - 684 - 8753
		Depositories: List all banks or other depositories in which the comnes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name	of Bank, D	epository, etc.		
		United Bank		
Mailing	g Address	1737 King St. Suite 150		
		Alexandria	VA L	22314
		CITY ▲	STATE ▲	ZIP CODE ▲
Name	of Bank, D	epository, etc.		
Mailing	g Address			
		CITY A	STATE ▲	ZIP CODE ▲