

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2020 OCT 15 PM 12:44

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Composites Manufacturers Association
Political Action Committee

ADDRESS (number and street) 2000 N 15th Street
(Check if address is changed) Suite 250
Arlington VA 22201
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) Dhillleary@acmanet.org
Optional Second E-Mail Address
Jschweitzer@acmanet.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed)

2. DATE 10 06 2020

3. FEC IDENTIFICATION NUMBER C 0 0 3 8 8 1 5 7

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 Dan Hilleary

Signature of Treasurer [Signature] Date 10 08 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

NONPROFIT CORPORATION

Write or Type Committee Name

American Composites Manufacturers Association Political Action Committee

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

[Empty grid line]

American Composites Manufacturers Association

Mailing Address

2000 N 15th Street

Suite 250

Arlington VA 22201

CITY

STATE

ZIP CODE

Relationship: [X] 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

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid line]

Telephone number

[Empty grid line]

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

Dan Hilleary

Mailing Address

2000 N 15th Street

Suite 250

Arlington VA 22201

CITY

STATE

ZIP CODE

Title or Position

CFO

Telephone number

703-682-1658

Full Name of Designated Agent

J, o, h, n, S, c, h, w, e, i, t, z, e, r

Mailing Address

2, 0, 0, 0, N, 1, 5, t, h, S, t, r, e, e, t

S, t, e, 2, 5, 0

A, r, l, i, n, g, t, o, n, V, A, 2, 2, 2, 0, 1, -

CITY

STATE

ZIP CODE

Title or Position

S, e, n, i, o, r, A, d, v, i, s, o, r

Telephone number

7, 3, 4, - 6, 0, 4, - 9, 0, 9, 5

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Manufacturers Association



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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SPM</i> PREPARER	10/20/20 DATE PREPARED

(3/2015)

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