

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

AMERICAN HERBAL PRODUCTS ASSOCIATION PAC

ADDRESS (number and street)

8630 Fenton Street, Suite 918

(Check if address is changed)

Silver Spring

CITY ▲

MD

STATE ▲

20910

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

arobinson@vsadc.com

Optional Second E-Mail Address

pevich@vsadc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
12 / 12 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00431957

4. IS THIS STATEMENT NEW (N)

OR

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 McGuffin, Michael, , Mr.,

Signature of Treasurer

McGuffin, Michael, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 22 / 2020

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)

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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

AMERICAN HERBAL PRODUCTS ASSOCIATION PAC

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

AMERICAN HERBAL PRODUCTS ASSOCIATION

Mailing Address

8630 Fenton Street, Suite 918

Silver Spring

MD

20910

CITY

STATE

ZIP CODE

Relationship: 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

Evich, Peter, , ,

Mailing Address

800 Maine Ave SW

Suite 800

Washington

DC

20024

Title or Position

CITY

STATE

ZIP CODE

Telephone number 202 - 638 - 1950

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

McGuffin, Michael, , Mr.,

Mailing Address

8630 Fenton St # 918

Silver Springs

MD

20910

CITY

STATE

ZIP CODE

Title or Position
President

Telephone number 301 - 588 - 1171

Full Name of Designated Agent

Robinson, Aretha, , ,

Mailing Address

800 MAINE AVE SW STE 800

WASHINGTON

DC

20024

CITY

STATE

ZIP CODE

Title or Position

PAC Manager

Telephone number

202

638

1950

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.

Wells Fargo Bank

Mailing Address

444 N Capitol St NW

Washington

DC

20001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE