PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Electronic Transactions Association Political Action Committee 1620 L Street NW ADDRESS (number and street) Suite 1020 (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS stalbott@electran.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00548198 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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. Talbott, Scott, , , Type or Print Name of Treasurer Talbott, Scott, , , [Electronically Filed] 02 16 2022 Signature of Treasurer Date 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. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 s committee. (i.e., nonconnected committee)	egregated 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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.	
(h)	committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

FEC Form 1 (Rev	ised 02/2009)		Page 3
Write or Type Committee	Name		
Electronic Tr	ansactions Associatio	n Political Action	n Committee
6. Name of Any Connec	ted Organization, Affiliated Committee, J	oint Fundraising Representati	ve, or Leadership PAC Sponsor
Electronic Transac	tions Association		
Mailing Address	1620 L Street NW		
J	Suite 1020		
	Washington	DC	20036
	CITY	STATE	ZIP CODE
	CITT	SIAIL	ZIF CODE
Relationship: X Conr	nected Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number	optional) and position of the	e person in possession of committee
Talbo Full Name	ott, Scott, , ,		
	33 Oxford Street		
Mailing Address	Suite 1020		
	Chevy Chase	, DC	, ,20815
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 297 1035
	ne and address (phone number optional) e.g., assistant treasurer).	of the treasurer of the committ	ee; and the name and address of
Full Name Talbo	ott, Scott, , ,		
Mailing Address	33 Oxford Street		
	Suite 1020		
	Chevy Chase	DC	20815 _ _
	CITY	STATE	ZIP CODE
Title or Position Treasurer		Tolophono sumbor	202 297 1035
		Telephone number	

	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Talbott, Scott, , ,	
Mailing Address	1620 L Street NW	
	Suite 1020	
	Washington DC 20036 CITY STATE ZII	P CODE
Title or Position Treasurer		8
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a uses or maintains funds. Depository, etc.	accounts, rents
	Bank of America	
Mailing Address	Bank of America	
Mailing Address		
Mailing Address	Washington DC 20008	IP CODE
Mailing Address Name of Bank, D	Washington CITY STATE ZI	IP CODE
	Washington CITY STATE ZI	-
	Washington CITY STATE ZI	-
Name of Bank, D	Washington CITY STATE ZI	P CODE
Name of Bank, D	Washington CITY STATE ZI	P CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraising	Participant:				
1.			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
Name of Any Connected C	rganization, Affiliate	d Committee, Joint Fun	draising Rep	resentative	e, or Leadership PAC Spons
Mailing Address	<u></u>				
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected Designated Agent: Identify	by name, address (ph		int Fundraising	Hepresent	ative Leadership PAC Spo
Pesignated Agent: Identify Patchen, J Full Name	oy name, address (ph		int Fundraising	Hepresenta	Leadership FAC Spc
Designated Agent: Identify Patchen, J	by name, address (ph		Int Fundraising	Hepresenta	Leadership FAC Spc
Pesignated Agent: Identify Patchen, J Full Name	oy name, address (pheff, , , 1620 L Street 1020				
Pesignated Agent: Identify Patchen, J Full Name	oy name, address (pheff, , ,	none number – optional)		DC	20036
Pesignated Agent: Identify Patchen, J Full Name Mailing Address TITLE OR POSITION	oy name, address (pheff, , , 1620 L Street 1020 Washington			DC STATE A	20036 ZIP CODE A
Pesignated Agent: Identify Patchen, J Full Name Mailing Address	oy name, address (pheff, , , 1620 L Street 1020 Washington	one number – optional)		DC STATE A	20036
Pesignated Agent: Identify Patchen, J Full Name Mailing Address TITLE OR POSITION Director	oy name, address (pheff, , , 1620 L Street 1020 Washington Washington	one number – optional) CITY	S Telephone Nu	DC STATE A	20036 ZIP CODE A
Pesignated Agent: Identify Patchen, J Full Name Mailing Address TITLE OR POSITION Director Sanks or Other Depositoricalety deposit boxes or main	oy name, address (pheff, , , 1620 L Street 1020 Washington Washington	one number – optional) CITY	S Telephone Nu	DC STATE A	20036 ZIP CODE ▲ 203 – 240 – 7298
Patchen, J Full Name Mailing Address TITLE OR POSITION Director Director Banks or Other Depositoricafety deposit boxes or main Jame of Bank, Depository, etc.	oy name, address (pheff, , , 1620 L Street 1020 Washington Washington	one number – optional) CITY	S Telephone Nu	DC STATE A	20036 ZIP CODE ▲ 203 – 240 – 7298
Patchen, J Full Name Mailing Address TITLE OR POSITION Director Director Banks or Other Depositoricafety deposit boxes or main Jame of Bank, Depository, etc.	oy name, address (pheff, , , 1620 L Street 1020 Washington Washington	one number – optional) CITY	Telephone Nu	DC STATE A	20036 ZIP CODE ▲ 203 – 240 – 7298