Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Structured Settlements Trade Association PAC 601 Pennsylvania Avenue ADDRESS (number and street) Suite 900 South (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@nssta.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.nssta.com (Check if address is changed) DATE 2020 C00219444 FEC IDENTIFICATION NUMBER > 3. X 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. Vaughn, Eric, , , Type or Print Name of Treasurer Vaughn, Eric,,, [Electronically Filed] 06 19 2020 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. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

| ı            | FEC Fo                                       | rm 1 (Revised 02/2009)                                                                                                                                                                                                                                                                            | Page 2                                  |  |  |  |
|--------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|
|              |                                              | OMMITTEE<br>• 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. (Cominformation below.)                                                                                                                                                                                     | plete the candidate                     |  |  |  |
| Nam<br>Cand  | e of<br>didate                               |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
|              | didate<br>/ Affiliation                      | Office Sought: House Senate President                                                                                                                                                                                                                                                             | State 00                                |  |  |  |
| (c)          |                                              | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                                                                                                           |                                         |  |  |  |
| Name<br>Cand | e of<br>didate                               |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
| Par          | ty Con                                       | nmittee:  (National, State                                                                                                                                                                                                                                                                        | (Democratic                             |  |  |  |
| (d)          |                                              | This committee is a committee of the committee of the                                                                                                                                                                                                                                             | (Democratic,<br>Republican, etc.) Party |  |  |  |
| Poli         | tical A                                      | ction Committee (PAC):                                                                                                                                                                                                                                                                            |                                         |  |  |  |
| (e)          | ×                                            | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-                                                                                                                                                                                               | 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 so 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.)                                                                                                                                                                                                                    |                                         |  |  |  |
| Join         | t Fund                                       | raising Representative:                                                                                                                                                                                                                                                                           |                                         |  |  |  |
| (g)          |                                              | This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee of a federal contribution.                                                                                                                                                          | vo or more political                    |  |  |  |
| (h)          |                                              | 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 to committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political                    |  |  |  |
|              | Committees Participating in Joint Fundraiser |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
|              | 1.                                           |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
|              | 2.                                           |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
|              | 3.                                           |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
|              |                                              |                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |
|              | 4.                                           | FEC ID number C                                                                                                                                                                                                                                                                                   |                                         |  |  |  |

Title or Position Treasurer

|    | _                                                       |                                                                                                | <del>-</del>                 |
|----|---------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|
| ı  | FFO Farms 4 (Davis and                                  | 00/2000                                                                                        | David 2                      |
|    | FEC Form 1 (Revised                                     | <u> </u>                                                                                       | Page 3                       |
|    | Vrite or Type Committee Name                            |                                                                                                | 0                            |
|    | National Structi                                        | ured Settlements Trade Association PA                                                          | <u>.C</u>                    |
| 6. | Name of Any Connected (                                 | Organization, Affiliated Committee, Joint Fundraising Representative, or Lo                    | eadership PAC Sponsor        |
| N  | lational Structured Se                                  | ettlements Trade Association                                                                   |                              |
| L  |                                                         |                                                                                                |                              |
|    | Mailing Address                                         | 601 Pennsylvania Avenue                                                                        |                              |
|    |                                                         | Washington DC 20                                                                               | 0004                         |
|    |                                                         | CITY                                                                                           | 7ID CODE                     |
|    |                                                         | CITY STATE                                                                                     | ZIP CODE                     |
|    | Relationship: x Connecte                                | d Organization Affiliated Committee Joint Fundraising Representative                           | Leadership PAC Sponsor       |
| 7. | Custodian of Records: Idea books and records.           | ntify by name, address (phone number optional) and position of the person                      | ı in possession of committee |
|    | Vaughn, E<br>Full Name                                  | :ric, , ,                                                                                      |                              |
|    |                                                         | 601 Pennsylvania Avenue                                                                        |                              |
|    | Mailing Address                                         | Suite 900 South                                                                                |                              |
|    |                                                         |                                                                                                | 0004                         |
|    |                                                         | Washington DC 2                                                                                | 0004                         |
|    | Title or Position                                       | CITY STATE                                                                                     | ZIP CODE                     |
|    | Treasurer                                               | Telephone number 202                                                                           | 3636                         |
| 8. | Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the treasurer of the committee; and assistant treasurer). | the name and address of      |
|    | Full Name Vaughn, E                                     | ric, , ,                                                                                       |                              |
|    | Mailing Address                                         | 601 Pennsylvania Avenue                                                                        |                              |
|    | 3                                                       | Suite 900 South                                                                                |                              |
|    |                                                         | Washington   DC   20                                                                           | 0004                         |
|    |                                                         | CITY STATE                                                                                     | ZIP CODE                     |

202

Telephone number

289

3636

| FEC For                                                         | m 1 (Revised  | d 02/2009)                          | Page <b>4</b>  |
|-----------------------------------------------------------------|---------------|-------------------------------------|----------------|
|                                                                 |               |                                     |                |
| Full Name of<br>Designated                                      |               |                                     |                |
| Agent                                                           |               |                                     |                |
| Mailing Address                                                 |               |                                     |                |
|                                                                 |               |                                     |                |
|                                                                 |               | CITY STATE                          | ZIP CODE       |
| Title or Position                                               |               |                                     |                |
|                                                                 |               | Telephone number                    |                |
|                                                                 |               |                                     |                |
| safety deposit b                                                | oxes or mair  |                                     |                |
| safety deposit to<br>Name of Bank,<br>Mailing Address           | Depository, 6 | ntains funds.                       |                |
| safety deposit to Name of Bank,                                 | Depository, 6 | ntains funds. etc.                  |                |
| safety deposit to Name of Bank,                                 | Depository, 6 | ntains funds. etc.                  | 172            |
| safety deposit to Name of Bank,                                 | Depository, 6 | PO Box 632                          | 72<br>ZIP CODE |
| safety deposit to Name of Bank,                                 | Depository, e | PO Box 632  Whiteville  CITY  STATE |                |
| safety deposit to Name of Bank,  Mailing Address                | Depository, e | PO Box 632  Whiteville  CITY  STATE |                |
| safety deposit to Name of Bank,  Mailing Address                | Depository, e | PO Box 632  Whiteville  CITY  STATE |                |
| safety deposit to Name of Bank,  Mailing Address                | Depository, e | PO Box 632  Whiteville  CITY  STATE |                |
| safety deposit to Name of Bank,  Mailing Address  Name of Bank, | Depository, e | PO Box 632  Whiteville  CITY  STATE |                |
| safety deposit to Name of Bank,  Mailing Address  Name of Bank, | Depository, e | PO Box 632  Whiteville  CITY  STATE |                |