Image# 202012309394488137				PAGE 1/4
FEC FORM 1	STATEMEI ORGANIZ	-		
1. NAME OF	(Check if name	Example of turing ture		ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	116 S Fayette Street			
(Check if address				· · · · · · · · · · · ·
is changed)	Alexandrai		VA 223 [,]	14
			L L_⊥ STATE ▲	_i _i _i
COMMITTEE'S E-MAIL ADDR	emarecheau@carh.org.	n an		
(Check if address is changed)		j 		
	Optional Second E-Mail Ad	dress O ra		I
		····		
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 12	30 ⁷ 2020			
3. FEC IDENTIFICATION	NUMBER ► C c	00303818		
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 i	t is true, correct and	complete.
Type or Print Name of Treasu	Irer Fisher, Colleen, M, ,			
Signature of Treasurer	ther, Colleen, M, ,	[Electronically Filed]	Date 12	30 / Y Y Y Y Y 2020
NOTE: Submission of false, error	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

12/30/2020 12 : 23

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FEC F	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
Candidat	te 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 Affilia	ation Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) P
Political A	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	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 p 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 Fun	ndraising 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.
Con	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

COUNCIL FOR AFFORDABLE AND RURAL HOUSING PAC INC (CARH PAC)

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

N	ONE			
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative	eadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number op	tional) and position of the person in po	ossession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	treasurer of the committee; and the n	ame and address of
	Full Name Fisher, Coll of Treasurer	een, M, ,		
	Mailing Address	116 S Fayette Street		
		Alexandrai CITY	VA 22314 STATE	
_	Title or Position		Telephone number	837 9001

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I			I		I									
Mailing Address																																
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																											1					
								C	CIT	Y										STA	λΤΕ					ZII	PC	COE	DE			
Title or Position																																
															Tele	eph	one	e ni	umt	ber												

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.
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Wells	Fargo Bank, N.A.		
Mailing Address	330 N. Washington St.		
	Alexandria		22314
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE