Image# 201904029145981179					
FEC FORM 1	STATEMEI ORGANIZ		Offi	PAGE 1 / 4	
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5		
PUT VETS FIRS	ST! PAC & dba As	ssociation for Am	nerican Vete	rans	
ADDRESS (number and street)	2961-A Hunter Mill Road				
(Check if address	Suite 808				
is changed)	. Oakton		VA 2212	4	
	CITY A		STATE A	ZIP CODE▲	
COMMITTEE'S E-MAIL ADDR	ESS				
(Check if address	Constantine.Bill@Vets	Vision.org			
is changed)	Optional Second E-Mail Ad	dress			
	Bill@ConstantineFin				
COMMITTEE'S WEB PAGE A (Check if address	,www.PutVetsFirst.org				
is changed)					
	1				
	02 / Y Y Y Y 2019				
3. FEC IDENTIFICATION N	NUMBER ► C C	00479980			
	_	_			
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)			
L certify that I have eveninged	this Statement and to the best	of my knowledge and ballief it	is true correct and	complete	
i centry that i have examined	uno otatement and to the Dest	or my knowledge and belief li		ompiete.	
Type or Print Name of Treasu	rer Hampton, Brian, Arthur, Mr.,				
Signature of Treasurer	npton, Brian, Arthur, Mr.,	[Electronically Filed]	Date 04	02 / 2019	
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.	
Office		For further information of		EC FORM 1	
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)	

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FEC	C Form 1 (Revised 02/2009)	Page 2
TYPE C	DF COMMITTEE	
Candi	date 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. (Comp information below.)	plete the candidate
Name o Candida		
Candida Party Af		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)		Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 seg committee. (i.e., nonconnected committee)	gregated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
	2 FEC ID number C	
3	3 FEC ID number C	
2	4 FEC ID number C	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

PUT VETS FIRST! PAC & dba Association for American Veterans

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

Mailing Address			
	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.

Hampton,	Brian, Arthur, Mr.,
Full Name	
Mailing Address	210 East Broad Street
	Suite 202
	Falls Church VA 22046
Title or Position	CITY STATE ZIP CODE
Treasurer	703 264 2024 Telephone number 1 1

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	Hampton, Brian, Arthur, Mr.,
Mailing Address	210 East Broad Street
	Suite 202
	Falls Church VA 22046
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 264 2024

Full Name of Designated Agent	Hampton, Brian, Arthur, Mr.,
Mailing Address	210 East Broad Street
	Suite 202
	Falls Church VA 22046
	CITY STATE ZIP CODE
Title or Position	Telephone number 703 - 264 - 2024

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.

Bank c	of America		
Mailing Address	100 North Tryon Street		
	Charlotte	NC 28202	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	