Only

STATEMENT OF

PAGE 1 / 4

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. ITTA PAC 601 New Jersey Ave NW ADDRESS (number and street) (Check if address is changed) Washington 20001-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS praak@ustelecom.com (Check if address X is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00454041 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. Raak, Paul, , , Type or Print Name of Treasurer Raak, Paul, , , [Electronically Filed] 04 10 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-------------------------|--|---|
| | | OMMITTEE | |
| | ididate | Committee: | |
| (a) | ш | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | lete the candidate |
| Nam Cand | e of didate | | |
| | didate / Affiliation | Office on Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, depublican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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 seg committee. (i.e., nonconnected committee) | regated 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 two 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revi | sed 02/2009) | Page 3 |
|---|---|-----------------------------|
| Write or Type Committee I | Name | |
| ITTA PAC | | |
| 6. Name of Any Connec | ted Organization, Affiliated Committee, Joint Fundraising Representative, of | or Leadership PAC Sponsor |
| None | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| | Affiliated Committee Joint Fundraising Representation I dentify by name, address (phone number optional) and position of the per | |
| books and records. | | |
| Raak Full Name | ., Paul, , , | |
| Mailing Address | 601 New Jersey Ave NW | |
| 3 | | |
| | Washington | 20001-2018 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number |)2 326 7300 |
| Treasurer: List the nam any designated agent (e | e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer). | and the name and address of |
| Full Name Raak of Treasurer | , Paul, , , | |
| Mailing Address | 601 New Jersey Ave NW | |
| | | |
| | Washington DC CITY STATE | 20001-2018 |
| Title or Position Treasurer | 20 Telephone number | |

| FEC Form 1 (Re | Revised 02/2009) | Page 4 |
|---|--|---------------|
| | | |
| Full Name of | | |
| Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | · - | |
| | Telephone number | |
| | | |
| safety deposit boxes or Name of Bank, Deposit | | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW | 20005 |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW Washington CITY STATE | 20005 |
| safety deposit boxes or Name of Bank, Deposit PN Mailing Address | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW Washington CITY STATE | 20005 |
| safety deposit boxes or Name of Bank, Deposit PN Mailing Address | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW Washington CITY STATE | 20005 |
| safety deposit boxes or Name of Bank, Deposit PN Mailing Address | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW Washington CITY STATE | 20005 |
| safety deposit boxes or Name of Bank, Deposit PN Mailing Address Name of Bank, Deposit | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW Washington CITY STATE | 20005 |
| safety deposit boxes or Name of Bank, Deposit PN Mailing Address Name of Bank, Deposit | r maintains funds. itory, etc. IC Bank 1331 Pennsylvania Ave NW Washington CITY STATE | 20005 |