PAGE 1/7 =

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) CTIA - The Wireless Association Political Action Committee 1400 16th Street NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kcole@ctia.org (Check if address is changed) Optional Second E-Mail Address ∣jjoiner@ctia.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.ctia.org/about-ctia/programs/ctia-pac (Check if address is changed) DATE 01 2020 C00262295 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. Cole, Kelly, , Ms., Type or Print Name of Treasurer Cole, Kelly, , Ms., [Electronically Filed] 04 09 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 Only Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye Z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, 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 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 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 4 (Daving 4.)	22/2000)	Dogo 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
• •	eless Association Political Action Committee	1
	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	
-		The opensor
CTIA - The Wireless A	SSOCIATION	
Mailing Address	1400 16th Street NW	
	Suite 600	
	Washington   DC 20036	-
	CITY STATE ZIF	CODE
Relationship: <b>x</b> Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Cole, Kelly	, , Ms.,	
Full Name	,1400 16th Street NW	
Mailing Address	Suite 600	
	Washington DC 20036	
Title or Position	CITY STATE ZIF	CODE
Treasurer		3230
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name issistant treasurer).	and address of
Full Name Cole, Kelly, of Treasurer	, , Ms.,	
Mailing Address	1400 16th Street NW	
	Suite 600	
	Washington DC 20036	
Title or Position	CITY STATE ZIP	CODE
Treasurer		3230

FEC Forr	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Joiner, Joseph, , Mr.,	
Mailing Address	1400 16th Street NW	
-	Suite 600	
	Washington DC 20036 CITY STATE Z	IP CODE
Title or Position Assistant Treas	urer Telephone number 202 – 73	3652
		accounts, rents
Mailing Address	Wells Fargo	
maining Address		
	Washington DC 20005	
	CITY STATE Z	IP CODE
Name of Bank. I	Depository, etc.	
5. Da.iiq 1		
5. 25. M,		
Mailing Address		

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Updated Assistant Treasurer

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_ **of** \_\_\_\_

h). Joint Fundraising	Participant:		0
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected C	rganization, Affiliated Committee, Joint Fu	undraising Representativ	re, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
esignated Agent: Identify	by name, address (phone number – optional	Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify Joiner, Jos	by name, address (phone number – optional		tative Leadership PAC S
esignated Agent: Identify Joiner, Jos	oy name, address (phone number – optional eph, , Mr.,		tative Leadership PAC S
esignated Agent: Identify Joiner, Jos	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600		
esignated Agent: Identify Joiner, Jos	oy name, address (phone number – optional eph, , Mr.,		Leadership PAC S
esignated Agent: Identify Joiner, Jos Full Name Mailing Address  TITLE OR POSITION	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington		20036
esignated Agent: Identify Joiner, Jos Full Name Mailing Address	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington	) DC	20036
Pesignated Agent: Identify Joiner, Jos Full Name July Mailing Address  TITLE OR POSITION Assistant Treasurer  Assistant Treasurer  Anks or Other Depositoric	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington  CITY   CITY   Ses: List all banks or other depositories in whether the street in the	DC STATE  Telephone Number	20036 ZIP CODE <b>A</b>
esignated Agent: Identify Joiner, Jos Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositoricatety deposit boxes or main	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington  CITY   CITY   Ses: List all banks or other depositories in whether the street in the	DC STATE  Telephone Number	20036 ZIP CODE <b>A</b>
esignated Agent: Identify Joiner, Jos Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Assistant Treasurer anks or Other Depositoricalety deposit boxes or main	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington  CITY   CITY   Ses: List all banks or other depositories in whether the street in the	DC STATE  Telephone Number	20036 ZIP CODE <b>A</b>
esignated Agent: Identify Joiner, Jos Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositoricalety deposit boxes or main	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington  CITY   CITY   Ses: List all banks or other depositories in whether the street in the	DC STATE  Telephone Number	20036 ZIP CODE <b>A</b>
esignated Agent: Identify Joiner, Jos Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer anks or Other Depositoricafety deposit boxes or mair ame of Bank, epository, etc.	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington  CITY   CITY   Ses: List all banks or other depositories in whether the street in the	DC STATE  Telephone Number	20036 ZIP CODE <b>A</b>
esignated Agent: Identify Joiner, Jos Full Name	oy name, address (phone number – optional eph, , Mr.,  1400 16th Street NW  Suite 600  Washington  CITY   CITY   Ses: List all banks or other depositories in whether the street in the	DC STATE  Telephone Number	20036 ZIP CODE <b>A</b>

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

FEC Form 1S (Revised 02/2017)

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h). <b>Joint Fundraisin</b>	g Participant:		
1.		FEC ID numb	
2.		FEC ID numb	er C
3.		FEC ID numb	er C
4.		FEC ID numb	er C
ame of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Representa	ative, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE	ZIP CODE ▲
	Organization Affiliated Committee  by name, address (phone number – option	Joint Fundraising Repres	eentative Leadership PAC S
esignated Agent: Identify  Cole, Kell Full Name	by name, address (phone number – option y, , Ms.,		entative Leadership PAC S
esignated Agent: Identify Cole, Kell	by name, address (phone number – option y, , Ms.,		Leadership PAC S
esignated Agent: Identify  Cole, Kell Full Name	by name, address (phone number – option y, , Ms.,		
esignated Agent: Identify  Cole, Kell Full Name	by name, address (phone number – option y, , Ms.,		Leadership PAC S
esignated Agent: Identify  Cole, Kell  Full Name	by name, address (phone number – option y, , Ms.,  1400 16th Street NW  Suite 600  Washington	al)	20036
esignated Agent: Identify Cole, Kell Full Name Mailing Address	by name, address (phone number – option y, , Ms.,  1400 16th Street NW  Suite 600  Washington	al)	20036
esignated Agent: Identify Cole, Kell Full Name Mailing Address  TITLE OR POSITION Treasurer Anks or Other Depositor	by name, address (phone number – option y, , Ms.,  1400 16th Street NW  Suite 600  Washington  CITY   ies: List all banks or other depositories in v	al)  DC  STATE A  Telephone Number	ZIP CODE <b>A</b> 202
esignated Agent: Identify Cole, Kell Full Name Mailing Address  TITLE OR POSITION Treasurer anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – option y, , Ms.,  1400 16th Street NW  Suite 600  Washington  CITY   ies: List all banks or other depositories in v	al)  DC  STATE A  Telephone Number	ZIP CODE <b>A</b> 202
Cole, Kell Full Name  Mailing Address  TITLE OR POSITION Treasurer  Anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – option y, , Ms.,  1400 16th Street NW  Suite 600  Washington  CITY   ies: List all banks or other depositories in v	al)  DC  STATE A  Telephone Number	ZIP CODE <b>A</b> 202
esignated Agent: Identify Cole, Kell Full Name Mailing Address  TITLE OR POSITION Treasurer anks or Other Depositor affety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – option y, , Ms.,  1400 16th Street NW  Suite 600  Washington  CITY   ies: List all banks or other depositories in v	al)  DC  STATE A  Telephone Number	ZIP CODE <b>A</b> 202