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 Pest Management Association Political Action Committee 10460 North St. ADDRESS (number and street) Suite 301 (Check if address is changed) Fairfax 22030 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aamidon@pestworld.org (Check if address is changed) Optional Second E-Mail Address aarchitect@pestworld.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2005 C00083915 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. Amidon, Ashley, Adams, , Type or Print Name of Treasurer Amidon, Ashley, Adams, , [Electronically Filed] 09 2018 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

	FFC F 0	1 (Paying 02/2000)	Page 2			
		om 1 (Revised 02/2009) OMMITTEE	Page 2			
		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.)	nplete the candidate			
Name Cand	e of lidate					
	lidate ⁄ Affiliati	on Sought: House Senate President	State VA			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Namo	e of lidate					
Parl	ty Con	nmittee:	(Dama ayatia			
(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 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 to committees/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.	vo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

VP, Public Policy

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FEC Form 1 (Revised		Page 3
Write or Type Committee Name		Committee
•	lanagement Association Political Action	
·	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
National Pest Manage	ment Association	
Mailing Address	10460 North St.	
·		
	Fairfax VA 2203	30
	CITY STATE	ZIP CODE
Relationship: x Connecte	d Organization	Leadership PAC Sponsor
Kelationship.	Torganization Anniated Committee Sourch understand Representative	Leadership i Ac Sponson
books and records.	shley, Adams, , 10460 North Street Fairfax CITY STATE Telephone number optional) and position of the person in	
any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
of Treasurer		
Mailing Address	10460 North Street	
	Fairfax VA 2203	
Title or Position	CITY STATE	ZIP CODE

703

Telephone number

352

6762

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Full Name of Designated Agent	Architect, Andy, , ,	
Mailing Address	10460 North St.	
	Fairfay	
	Fairfax VA 22030 CITY STATE	ZIP CODE
Title or Position CIO		224 - 0386
		accounts, rents
	Sandy Spring Bank 17801 Georgia Ave.	
Mailing Address	Troot Congrative.	
	Olney MD 20832	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		