PAGE 1 / 4

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) AMERICAN ASSOCIATION OF ELECTRONIC REPORTERS 136 Everett Road ADDRESS (number and street) (Check if address is changed) Albany 12205 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aaert@aaert.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.aaert.org (Check if address is changed) DATE 30 2020 C00298018 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. Burke-Dring, Marybeth, , , Type or Print Name of Treasurer Burke-Dring, Marybeth, , , [Electronically Filed] 01 30 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 | Form 1 (Revised 02/2009) | Page 2 | | | |
|--------------------------|--|--|--|--|--|
| | COMMITTEE | i aye 🚣 | | | |
| Candida | ate 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 Affil | | State | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | | |
| Party C | ommittee: | | | | |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | |
| Politica | Action Committee (PAC): | | | | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | 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.) | | | | |
| Joint Fu | ndraising Representative: | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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. | wo or more political | | | |
| Co | ommittees Participating in Joint Fundraiser | | | | |
| 1. | FEC ID number | | | | |
| 2. | FEC ID number | | | | |
| 3. | FEC ID number | | | | |
| 4. | | | | | |

Title or Position Treasurer

| — | | | _ |
|---|--|---------------------------------|----------------------------------|
| FEC Form 1 (Revised | 02/2009) | | Page 3 |
| Write or Type Committee Name | <u> </u> | | |
| AMERICAN AS | SOCIATION OF ELEC | CTRONIC REF | ORTERS |
| | Organization, Affiliated Committee, Joint F | | |
| AMERICAN ASSOCIA | ATION OF ELECTRONIC REP | ORTERS | |
| | | | |
| Mailing Address | 136 Everett Road | | |
| , | | | |
| | Albany | NY | 12205 |
| | CITY | STATE | ZIP CODE |
| Relationship: x Connected | d Organization Affiliated Committee | Joint Fundraising Represental | Leadership PAC Sponsor |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number op | otional) and position of the pe | erson in possession of committee |
| Harris, Jai | net, , , | | |
| Mailing Address | 136 Everett Road | | |
| Mailing / Idai 033 | | | |
| | Albany | NY | 12205 |
| Title or Position | CITY | STATE | ZIP CODE |
| President | | Telephone number 6 | 02 |
| 3. Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the assistant treasurer). | e treasurer of the committee; | and the name and address of |
| Full Name Burke-Drir | ng, Marybeth, , , | | |
| Mailing Address | 136 Everett Road | | |
| | | <u> </u> | |
| | Albany | NY | 12205 |

CITY

STATE

Telephone number

ZIP CODE

0660

692

| FEC Form 1 | 1 (Revised 02/2009) | Page 4 | | | | |
|---|-------------------------|----------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent | Harris, Janet, , , | | | | | |
| Mailing Address | 136 Everett Road | | | | | |
| | An. | | | | | |
| | Albany 12205 CITY STATE | ZIP CODE | | | | |
| Title or Position President | | 316 - 1793 | | | | |
| 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. | | | | | | |
| ١ | Citizens Bank | | | | | |
| Mailing Address | 1620 Marsh Rd | | | | | |
| | | | | | | |
| | Wilmington DE 19803 | | | | | |
| | CITY STATE | ZIP CODE | | | | |
| Name of Bank, Dep | pository, etc. | | | | | |
| L | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE | ZIP CODE | | | | |