

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)

ADDRESS (number and street) 606 NORTH WASHINGTON STREET

(Check if address is changed)

ALEXANDRIA VA 22314-1914  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) sectreas@narfe.org

Optional Second E-Mail Address  
rapter@narfe.org

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) Http://www.narfe.org

2. DATE 12 / 13 / 2017

3. FEC IDENTIFICATION NUMBER ▶ C C00091561

4. 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.

Type or Print Name of Treasurer Hensley, Kathryn, E., ,

Signature of Treasurer Hensley, Kathryn, E., , [Electronically Filed] Date 12 / 07 / 2018

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.

5. TYPE OF COMMITTEE

**Candidate 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 Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)

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

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION (NARFE)

Mailing Address 606 N WASHINGTON STREET
ALEXANDRIA VA 22314-1914
CITY STATE ZIP CODE

Relationship: [x] 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.

Full Name Hensley, Kathryn, E., ,
Mailing Address 606 N. Washington St
Alexandria VA 22314
CITY STATE ZIP CODE
Title or Position NATL SECRY TREASURER Telephone number 703 838 7760

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 Hensley, Kathryn, E., ,
Mailing Address 606 N. Washington St
Alexandria VA 22314
CITY STATE ZIP CODE
Title or Position NATL SECRY TREASURER Telephone number 703 838 7760

Full Name of Designated Agent

Apter, Ross, , ,

Mailing Address

606 N. Washington St

Alexandria

VA

22314

CITY

STATE

ZIP CODE

Title or Position

Political Associate

Telephone number

571

483

1248

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 OF AMERICA

Mailing Address

730 15th STREET NW 4th Fl

WASHINGTON

DC

20005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

INFIRST FEDERAL CREDIT UNION

Mailing Address

6462 LITTLE RIVER TURNPIKE

ALEXANDRIA

VA

22312-1444

CITY

STATE

ZIP CODE

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

FEC Form 1S (Revised 02/2017)

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone Number  -  -

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, **RAYMOND JAMES FINANCIAL, INC.**  
 Depository, etc.

Mailing Address

CITY ▲  STATE ▲  ZIP CODE ▲

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

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name   
Mailing Address   
  
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone Number --

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. **PIEDMONT WEALTH ADVISORY**  
Mailing Address **12930 WORLDGATE DRIVE**  
**SUITE 150**  
**HERNDON** VA **20170**  
CITY ▲ STATE ▲ ZIP CODE ▲