## STATEMENT OF

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FORM 1		0	RGA	NIZ	<b>AT</b> I	101	N								Office	Use	Only	<i>'</i>			
1. NAME OF COMMITTEE (ir	n full)		(Check if na s changed)			xampl ver the			type		12	2FE	4 M	5		_	]				
NATIONAL I	NDEPI	ENDE	NT AU	TOM	ОВ	ILE	DE	AL	ER	S	AS	SC	CI	A	ΓΙΟ	N	P	łC	FL	JN	D
ADDRESS (number a	nd street)	2521 BR	OWN BLVD	)																	
(Check if a is changed																					
Ü	•	ARLING	TON ITY 🛦								L	X ATE	<b> </b>	L <sup>7</sup>	6006		ZIP	COI	 DE <b>₄</b>	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRES	SS																			
(Check if a is changed		brett@	niada.co	m 																	
		Optional christi	Second E- na@niac	Mail Add	dress า																
【																					
2. DATE 0	5 17	D / Y	2022																		
3. FEC IDENTIFIC	CATION NU	IMBER )	•	С	00507	699															
4. IS THIS STATEM	MENT	NEW	(N)	OR		×	AMI	ENDE	D (A	)											
I certify that I have $\epsilon$	examined th	is Stateme	ent and to t	the best	of my	y knov	wledg	e and	belie	ef it i	is trı	ıe, c	orrec	ct ar	nd co	mpl	ete.				
Type or Print Name	of Treasurer	Scott, B	rett, , ,																		
Signature of Treasure	er Scott, i	Brett, , ,				[El	ectroni	cally I	Filed]		Date	)	M 0		/	29	) /	Y	202		Υ
NOTE: Submission of	false, errone		omplete info		-				-	-					e pe	naltie	es of	52 l	J.S.C	). §3	0109
Office Use Only  For further Federal El Toll Free & Local 202-			lection 300-42	Comr 4-9530	nissio		:						<b>DRN</b> 06/20								

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candid	late information below.)
(b) This committee is an authorized committee, and is NOT a principal cam information below.)	paign committee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House Sen	ate President District
(c) This committee supports/opposes only one candidate, and is NOT an au	uthorized 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 organ	ization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital S	Stock Labor Organization
Membership Organization	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spons	sor on line 6.)
(g) This committee is an independent expenditure-only political committee (S	Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-co	ontribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized committee.	·
(j) This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a	·
Committees Participating in Joint Fundraiser	
1.	C
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VP Govt Affairs

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٧	Vrite or Type Committee Name	*		<del>-</del>
	NATIONAL INDE	PENDENT AUTOMOBILE DEALERS	ASSOCIATION	N PAC FUND
6.		rganization, Affiliated Committee, Joint Fundraising Rep		
	NATIONAL INDEPE	NDENT AUTOMOBILE DEALERS ASSOC	IATION PAC FUN	ND
	Mailing Address	2521 BROWN BLVD		
	Mailing / Idanooc			
		ARLINGTON	TX 76006	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraisi	ng Representative	Leadership PAC Sponso
			_	
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position	n of the person in posses	sion of committee
		intin a		
	Perez, Chri	suna,,,		
		14621 S Cooper Street		
	Mailing Address	Ch. 424 524		
		Ste 131-524		
		Arlington	TX 76017	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	-		•
	Dir. Govt Affairs		ımber   817  -	640  -  3838
			uniber	
8.	Treasurer: List the name an	d address (phone number optional) of the treasurer of the	he committee and the n	name and address of
٥.	any designated agent (e.g., a		January and the h	
	Full Name Scott, Brett			
	of Treasurer			
	Mailing Address	4621 S Cooper Street		
		Ste 131-524		
		Arlington	TX 1 76017	
		, umagon	76017	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

3838

640

Telephone number

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Full Name of		
Designated Agent		
Mailing Address		
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲
	Telep	phone number
	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	e committee deposits funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	JP Morgan Chase Bank	
Mailing Address	PO Box 659754	
	San Antonio	TX 78265-9754 -
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲