Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 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 Iseidel@ctia.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.ctia.org/about-ctia/programs/ctia-pac (Check if address is changed) DATE 01 2019 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] 03 2019 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	orm 1 (Revised 02/2009)	Page 2		
	COMMITTEE	1 aye £		
Candidat	date 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. (Corinformation below.)	nplete the candidate		
Name of Candidate				
Candidate Party Affilia	Office Sought: House Senate President	State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Co	arty Committee:			
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Political A	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 Fun	draising 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			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
Con	nmittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4.				

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W	√rite or Type Committee Name		
(CTIA - The Wire	eless Association Political Action C	Committee
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
C	TIA - The Wireless A	sociation	
		1400 16th Street NW	
	Mailing Address	Suite 600	
		Washington	20036
		vvasimigion	
		CITY STAT	E ZIP CODE
	Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
' .	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of the	he person in possession of committee
		Mo	
	Cole, Kelly Full Name	, IVIS.,	
	Mailing Address	1400 16th Street NW	
		Suite 600	
		Washington	20036
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		202 736 3230
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the commissistant treasurer).	ittee; and the name and address of
	Full Name Cole, Kelly, of Treasurer	, Ms.,	
	Mailing Address	1400 16th Street NW	
	-	Suite 600	
		Washington	20036
		CITY STATE	
	Title or Position Treasurer		202 - 736 - 3230

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Full Name of Designated Seice Agent	del, Elizabeth, , Ms.,			
Mailing Address	1400 16th Street NW			
	Suite 600			
	Washington DC CITY STATE	20036 ZIP CODE		
Title or Position Assistant Treasurer	Telephone number	2		
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.				
VV	ells Fargo 1447 P Street NW			
Mailing Address				
	Washington	20005		
	CITY STATE	ZIP CODE		
		ZII CODE		
Name of Bank, Depos	sitory, etc.			
Name of Bank, Depos	sitory, etc.	ZII CODE		
Name of Bank, Depos Mailing Address		ZII CODE		
L				

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Form/Schedule: F1A Transaction ID:

Updated Assistant Treasurer

Form/Schedule: Transaction ID: