Image# 201802279095591400				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ	-	0.4	
1. NAME OF	(Check if name	Example: If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
American Craft S	Spirits Association			
ADDRESS (number and street)	PO Box 701414			
(Check if address				
is changed)	Louisville		KY 40270	)
			L L_⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRI	=99			
(Check if address is changed)	ACSAPAC@american	craftspiritsassociation.org		
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Optional Second E-Mail Ad	dress		
<ul> <li>(Check if address is changed)</li> </ul>				
	21 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	IUMBER ► C c	00671479		
I. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasure	er Johnson, Stephen, S., ,			
Signature of Treasurer	nson, Stephen, S., ,	[Electronically Filed]	Date 02	27 / Y Y Y Y Y 2018
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion	EC FORM 1 (Revised 06/2012)

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TYPE OF (	COMMITTEE
Candidat	te 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 Affiliat	ation Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Particular
Political A	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	Corporation Corporation w/o Capital Stock Labor Organizatio
	Membership Organization
	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 p 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 Fun	idraising 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.
Con	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

40270

203

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3125

ZIP CODE

550

KY

STATE

Telephone number

Write or Type Committee Name

## American Craft Spirits Association PAC

Louisville

Title or Position

CITY

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

A	merican Craft Spirits	Association			
L		PO Box 701414			
	Mailing Address	Louisville CITY		KY 40	270 
	Relationship: Connected	Organization Affiliated Committee Joi	nt Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optio	nal) and positi	ion of the person	in possession of committee
	Johnson, S Full Name	tephen, S., , PO Box 701414 Louisville		KY 40	)270 
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone num	nber 203	- <u>550</u> - <u>3125</u>
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the tr ssistant treasurer).	easurer of the	committee; and t	he name and address of
	Full Name   Johnson, St     of Treasurer	ephen, S., ,			
	Mailing Address	PO Box 701414			

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent								I	I																					
Mailing Address																														
																							L							
							СІЛ	ΓY											STA	ΤE					ZII	PC	COD	Ε		
Title or Position																														
														Tele	eph	ione	e ni	umt	ber											

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.

Chas	e Bank	
Mailing Address	111 West Putnam Avenue	
	Greenwich	CT 06830
	CITY	STATE ZIP CODE
Name of Bank, Depositor	y, etc.	
Mailing Address		
	CITY	STATE ZIP CODE