PAGE 1/4 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) AMERICAN SECURITIES ASSOCIATION POLITICAL ACTION COMMIT 1455 PENNSYLVANIA AVE NW STE 400 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2019 C00618116 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. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [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. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

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	COMMITTEE	raye z
Candid	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. (Cominformation below.)	plete the candidate
Name of Candidate	9	
Candidate Party Affi	333	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	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
_	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 se committee. (i.e., nonconnected committee)	egregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	indraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
С	ommittees Participating in Joint Fundraiser	
1.	. J	
2.	FEC ID number	
3.	FEC ID number	
4.		

Title or Position

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FFC Form 1 (Davised	1.03/3000)		Dogo 2
FEC Form 1 (Revised Write or Type Committee Nan			Page 3
J.			
	CURITIES ASSOCIATION		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Representative, or Leade	rship PAC Sponsor
AMERICAN SECURI	TIES ASSOCIATION		
Mailing Address	1455 PENNSYLVANIA AVE NW STE 400		
3			
	WASHINGTON	DC 20004	
	CITY	STATE	ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee J	oint Fundraising Representative	_eadership PAC Sponsor
books and records. HOBBS, Full Name Mailing Address	CABELL, , , , 1455 PENNSYLVANIA AVE NW STE 400 WASHINGTON	DC 20004	
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	treasurer of the committee; and the	name and address of
Full Name HOBBS, of Treasurer	CABELL, , ,		
Mailing Address	1455 PENNSYLVANIA AVE NW STE 400		
	WASHINGTON	DC 20004	
	CITY	STATE	ZIP CODE

Telephone number

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	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
		. -
	CITY STA	TE ZIP CODE
Title or Position		
Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	
Mailing Address		
	MCLEAN \ \	/A ₁ 22101 _{1 1}
		/A
	CITY STA	
Name of Bank,		
Name of Bank,		TE ZIP CODE
Name of Bank, Mailing Address	Depository, etc.	TE ZIP CODE
	Depository, etc.	TE ZIP CODE
	Depository, etc.	TE ZIP CODE