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) U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES 1000 FREEDOM WAY ADDRESS (number and street) (Check if address is changed) WEST BEND 53095 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00772913 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. ABLER, TIM, , , Type or Print Name of Treasurer ABLER, TIM, , , [Electronically Filed] 03 17 2021 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

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2			
	idate 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	ion 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 Cor		_			
(d)		Democratic, Republican, etc.) Party			
Political A	Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It		nected 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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political			
Com	Committees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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V	Vrite or Type Committee Name	,		
Į	U.S. CONCEAL	ED CARRY ASSOC	IATION FOR SAVING	G LIVES
6.	Name of Any Connected C	Organization, Affiliated Committee, Join	nt Fundraising Representative, or Leader	ship PAC Sponsor
N	IONE			
	<u> </u>	<u> </u>	<u> </u>	
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representative Le	eadership PAC Sponsor
7.		tify by name, address (phone number	optional) and position of the person in po	ossession of committee
	books and records.			
	ABLER, T	M, , ,		
	Mailing Address	1000 FREEDOM WAY		
	Maining / Idairess			
		WEST BEND	WI 53095	
	Title or Position	CITY	STATE	ZIP CODE
	TREASURER	1	T-11	1=1
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; and the n	ame and address of
	Full Name ABLER, TI of Treasurer	M,,,		
	Mailing Address	1000 FREEDOM WAY		
		1		
		WEST BEND	WI 53095	
		CITY	STATE	ZIP CODE
	Title or Position TREASURER	1		1.1
			Telephone number	

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Full Name of Designated Agent					
Mailing Address					
	CITY STATE	ZIP CODE			
Title or Position					
Name of Bank,	safety deposit boxes or maintains funds. Name of Bank, Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE				
Mailing Address					
	MCLEAN	22101			
	CITY STATE	ZIP CODE			
Name of Bank, Depository, etc.					
Mailing Address					
Mailing / Madross					
Maining Madress					
maining Address					

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Form/Schedule: F1N Transaction ID:

U.S. Concealed Carry Association For Saving Lives intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, inkind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: