STATEMENT OF

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FEC FORM 1		ORGANI	ZATION	Offi	ce Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
AMERICAN B	AKERS A	ASSOCIATION A	MERICAN BAKERS PO	LITICAL ACTI	ON COMMITTEE
ADDRESS (number a	nd street)	601 Pennsylvania Ave N	V		
(Check if address is changed)		Suite 230			
		WASHINGTON CITY A		DC 2000 STATE ▲	04 ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if address is changed)		jcofelt@americanba	akers.org		
		Optional Second E-Mail dirk@campaignfir	Address nancesolutions.com		
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL) www.americanbakers.org			
2. DATE 0°	M / D D D	2023			
3. FEC IDENTIFICATION NUMBER ▶ C C00016386					
4. IS THIS STATEN	MENT	NEW (N) OR	x AMENDED (A)		
I certify that I have e	examined this	s Statement and to the b	est of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasurer	Cofelt, Jennifer, , Ms.,			
Signature of Treasure	er <i>Cofelt,</i> .	Jennifer, , Ms.,	[Electronically Filed]	Date 01	31 / 2023
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE:							
Candidate Committee:	ndidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)							
Name of Candidate							
Candidate Party Affiliation Office Sought: House Senate	State President District						
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d 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) x This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is as						
Corporation Corporation w/o Capital 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 is NOT committee. (i.e., nonconnected committee)	T a separate segregated fund or party						
In addition, this committee is a Lobbyist/Registrant PAC.							
In addition, this committee is a Leadership PAC. (Identify sponsor on I	line 6.)						
(g) This committee is an independent expenditure-only political committee (Super PAC).							
In addition, this committee is a Lobbyist/Registrant PAC.							
(h) This committee is a political committee with both contribution and non-contribution	on accounts (Hybrid PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.							
Joint Fundraising Representative:							
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.							
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.							
Committees Participating in Joint Fundraiser							
1.	C						
	C						

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٧	Vrite or Type Committee Nar				
		RS ASSOCIATION AMERICAN			
6.	= = = = = = = = = = = = = = = = = = =	Organization, Affiliated Committee, Join S ASSOCIATION AMERICAN BA			
	Mailing Address	601 PENNSYLVANIA AVE NW			
		SUITE 230			
		WASHINGTON	DC	20004	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: X Connect	ed Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso	
7.	Custodian of Records: Ide	entify by name, address (phone number o	ptional) and position of the person in	possession of committee	
	Cofelt, J	ennifer, , Ms.,			
	Full Name				
	Mailing Address	601 Pennsylvania Ave NW			
		Suite 230			
		Washington	DC	20004	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	VP		Telephone number 202		
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
	1 4 1 44	ennifer, , Ms.,			
	of Treasurer	OOA Decreation in Acre NIM			
	Mailing Address	601 Pennsylvania Ave NW			
		Suite 230			
		Washington	DC	20004	
	Title or Position —	CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼ Treasurer				
	, 434.0,		Telephone number		

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	Full Name of Designated	(101000 0112000)		
	Agent			
ı	Mailing Address			
-	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone	number	
E	Banks or Other I	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	unds, holds accounts, rents
1	Name of Bank, D	epository, etc.		
		Bank of America		
N	Mailing Address	1152 15th Street NW		
		Washington	DC	20005
		CITY ▲	STATE ▲	ZIP CODE ▲
1	Name of Bank, D	epository, etc.		
N	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This Amended Statement of Organization updates the PAC's Treasurer, and adds a secondary email address

Form/Schedule: Transaction ID: