## 2019-07-22-05-00287527

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVES FEC MAIL CENTER

2019 JUL 22 Alf 8: 26

COMMITTEE (in full)	(Check if name is changed)	Example If typing, type over the lines.	12FE4M5
[The National Association	on of Federal Veterina	rians Political Action (	Committee
	<del></del>		
ADDRESS (number and street)	[1,9,1,0, S,u,n,d,	e <sub> </sub> r <sub> </sub> l <sub> </sub> a <sub> </sub> n <sub> </sub> d <sub>   </sub> P <sub> </sub> l <sub> </sub> a	$c_1e_1N_1W_1$
(Check if address is changed)	<u> </u>		
	$[W_{i}a_{i}s_{i}h_{i}i_{i}n_{i}g_{i}t_{i}o_{i}]$ $CITY \blacktriangle$	n <sub> </sub>	$D_1C$ $2_10_10_13_16 - 1_16_10_18$ STATE $\triangle$ ZIP CODE $\triangle$
COMMITTEE'S E-MAIL ADDRES	ss		
(Check if address is changed)		<u> </u>	
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)	$w_1w_1w_1.n_1a_1f_1v_1.n_2$	o <sub>l</sub> r <sub>l</sub> g <sub>l l l l l l l l</sub>	
2. DATE 07 03			
Z. DATE TELEPINE	3 2019		
3. FEC IDENTIFICATION NU	UMBER ► C 0	0 0 3 4 9 4 2	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	r Joseph F. Annelli, D	VM /	
	1-1-		
Signature of Treasurer	m Flice	/ Dun	Date (27 14 2019.
	eous, or incomplete information n		this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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FEC FO	rm ( (Hevised 02/2009)
	OMMITTEE
Candidate	e 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	<u> </u>
Candidate Party Affiliati	Office State Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party
Political A	action Committee (PAC):
(e) <b>V</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
(-) [V.J	
	Corporation Corporation w/o Capital Stock Labor Organization
	X 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 segregated fund or party 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 Fund	draising 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.
Corr	nmittees Participating in Joint Fundraiser
Con	him have been described as a second control of the second control
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number

FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee	Name	
The National Association	ciation of Federal Veterinarians Political Action Co	ommittee
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundralsing Represent	ntative, or Leadership PAC Sponsor
I The Netidadi Ada	doithéile de alt altaireilt Néaéadimheile de le le le le le le	
Time National Asso	dciation of Federal Veterinarians	
Mailing Address	1910 Sunderland Place	
	Washington	D <sub>1</sub> C
	CITY ST	TATE ZIP CODE
Relationship: 📈 Con	nected Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
J8.4		<b>-</b>
<ol> <li>Custodian of Records books and records.</li> </ol>	: Identify by name, address (phone number optional) and position of	of the person in possession of committee
Full Name	r,i,a,n,a, ,C,., ,B,a,r,r,o,s, , , , , , , , , ,	11111111111
Mailing Address	$[1_{1}9_{1}1_{1}0_{1}]S_{1}u_{1}n_{1}d_{1}e_{1}r_{1}1_{1}a_{1}n_{1}d_{1}]P_{1}1_{1}a_{1}c_{1}\epsilon$	e, <sub> </sub> N,W <sub>                                      </sub>
•	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
	$[W_{l}a_{l}s_{l}h_{l}i_{l}n_{l}g_{l}t_{l}o_{l}n_{l}] = [I$	D <sub>1</sub> C  [2,0,0,3,6]-[1,6,0,8
Title or Position	CITY STA	ATE ZIP CODE
Associate Executiv	ve Vice President           Telephone number	[2,0,2]-[4,8,9]-[5,0,7,5
	ne and address (phone number optional) of the treasurer of the core.g., assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer	$s_i e_i p_i h_i F_i \cdot A_i n_i n_i e_i l_i l_i$	<del></del>
Mailing Address	$[1,9,1,0,]S_iu_in_id_ie_ir_il_ia_in_id_iiP_il_ia_ic_i\epsilon$	<u> </u>
	$W_i a_i s_i h_i i_i n_i g_i t_i o_i n_i $	D <sub>1</sub> C  [2,0,0,3,6]-[1,6,0,8
Tisla as Desides	CITY STA	ATE ZIP CODE
Title or Position	sident Telephone number	2,0,2 - 2,2,3 - 4,8,7,8

9.

The National A	ssociation of Federal Veterinarians Political Action Committee		
Full Name of			
Designated Agent	$[J_1o_1s_1e_1p_1h_1,F_1]$ , $[A_1n_1n_1e_1l_1l_1]$	<u> </u>	
Mailing Address	$[1, 9, 1, 0, S_{l}u_{l}n_{l}d_{l}e_{l}r_{l}l_{l}a_{l}n_{l}d_{l}P_{l}l_{l}$	$a_i c_i e_i N_i$	W, , , , , , , , , , , , , , ,
	$W_la_ls_lh_li_ln_lg_lt_lo_ln_l$	$D_1C$	[2,0,0,3,6]-[1,6,0,8]
	CITY	STATE	ZIP CODE
Title or Position			
Executive Vi	ce President Telephone r	number [2]	0,2] - [2,2,3] - [4,8,7,8]
<u></u>			
	<b>Depositories:</b> List all banks or other depositories in which the compares or maintains funds.	nittee deposits t	funds, holds accounts, rents
Name of Bank,			
, , , , , , , , , , , , , , , , , , , ,			
	$[W_1e_1l_1l_1s_1]F_1a_1r_1g_1o_1B_1a_1n_1k_1$		
Mailing Address	$[1,3,0,0]$ $[C_1O_1n_1n_1e_1c_1t_1i_1c_1u_1t_1]A_1$	$v_l e_l n_l u_l e_l$	N <sub>i</sub> W <sub>1</sub> 1 1 1 1 1
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	$W_la_is_lh_li_ln_lg_lt_lo_ln_l$	$D_1C$	[2,0,0,3,6]-[1,6,0,8]
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		•
Mailing Address			
		ليا	
	CITY	STATE	ZIP CODE

Joint Fundraising Participant:  1.				
FEC ID number  C  FEC ID number  FEC	or(h). <b>Joint Fundrais</b>	ing Participant:		
FEC ID number C  3.	1		FEC ID number	C
TITLE OR POSITION ▼  FEC ID number C  FEC ID number ID  FEC			FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  The Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  The Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  Mailing Address  Lagara and Lagara and Lagara and Lagara and Lagara and Leadership PAC Sponsor  Designated Agent: Identify by name, address (phone number – optional)  Full Name Jagara and Lagara			FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  \[ \begin{align*} & T_1 h_1 \end{align*} & h_1 h_2 \hdots & h_1 h_2 h_3 h_1 h_2 h_2 h_2 h_3 h_4 h_2 h_2 h_4 h_2 h_4	1		FEC ID number	C
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Mailing Address $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
	$[T_1h_1e_1,N_1a_1t_1]$	i,o,n,a,l, ,A,s,s,o,c,i,a,t,i,o,n,	of, Fede	errall Veterierin
			111111	
	Maritim or Andrews	11910 Sunderland	Place N	J. W
Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  V Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Designated Agent: Identify by name, address (phone number – optional)  Full Name  J_O_S_e_p_h_ F A_n_n_e_l_l_l_i  Mailing Address  1_9_1_0_S_u_n_d_e_r_l_a_n_d_P_l_a_c_e_N_W  W_a_s_h_i_n_g_t_o_n  U_a_s_h_i_n_g_t_o_n  STATE ▲  ZIP CODE ▲  CITY ▲  STATE ▲  ZIP CODE ▲	Mailing Address		IF I A C C I	<u> </u>
Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  V Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Designated Agent: Identify by name, address (phone number – optional)  Full Name J_O_S_e_p_h_ F A_n_n_e_l_l_i  Mailing Address 1_9_1_0_S_u_n_d_e_r_l_a_n_d_P_l_a_c_e_N_W  W_a_s_h_i_n_g_t_o_n_  W_a_s_h_i_n_g_t_o_n_  CITY ▲ STATE ▲ ZIP CODE ▲			<u> </u>	
Connected Organization	Balatianahin			
Designated Agent: Identify by name, address (phone number – optional)  Full Name $[J_1O_1S_1e_1p_1h_1]_F[.]_1A_1n_1n_1e_1l_1l_1$ Mailing Address $[1_19_11_0]_1S_1u_1n_1d_1e_1r_1l_1a_1n_1d_1]_P[1_1a_1c_1e_1]_N[W]_1$ $[W_1a_1S_1h_1i_1n_1g_1t_1o_1n_1]_1[D_1C]_1[2_10_10_13_1e_1]_1[A_10_1e_1]$		÷		
Full Name $J_0s_ep_h = F_1.$ $A_1n_1n_1e_1l_1i_1$ Mailing Address $I_1g_1o_1 = I_1o_1 = I_1o$	Designated Agent: Iden	tify by name, address (phone number – optional)		
	Full Name JO	s <sub>i</sub> e <sub>i</sub> p <sub>i</sub> h <sub>i i</sub> F <sub>i.i i</sub> A <sub>i</sub> n <sub>i</sub> n <sub>i</sub> e <sub>i</sub> l <sub>i</sub> l <sub>i</sub> i, , ,		
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	Mailing Address	[1 <sub>1</sub> 9 <sub>1</sub> 1 <sub>1</sub> 0 <sub>1</sub>  S <sub>1</sub> u <sub>1</sub> n <sub>1</sub> d <sub>1</sub> e <sub>1</sub> r <sub>1</sub> 1 <sub>1</sub> a <sub>1</sub> n <sub>1</sub> d <sub>1</sub>	Place 1	1 <sub>'M</sub> '
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲			<u> </u>	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲		$ W_1a_1s_1h_1i_1n_1g_1t_1o_1n_1 _{1=1}$	D C	2 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 3 <sub>1</sub> 6 - 1 <sub>1</sub> 6 <sub>1</sub> 0 <sub>1</sub> 8
	TITLE OR POSITIO	CITY A	STATE ▲	ZIP CODE A
			elephone Number   2	2,0,2 = 2,2,3 = 4,8,7,8
	Danks of Other Deposi	tories: List all banks or other depositories in which	the committee deposi	its funds, holds accounts, rents
safety deposit boxes or maintains funds.		itories: List all banks or other depositories in which maintains funds.	the committee deposi	its funds, holds accounts, rents
	Name of Bank,	maintains funds.	the committee deposi	its funds, holds accounts, rents
Safety deposit boxes or maintains funds.  Name of Bank, IN elle Fargo Bank	safety deposit boxes or some safety deposit boxes or some safety boxes or safety boxes or safety boxes or safety deposit boxes deposit bo	maintains funds. $l_i l_i s_i = F_i a_i r_i g_i o_i = B_i a_i n_i k_i = I_i = I_i$		
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