Image# 2020090292670	075556				PAGE 1/5
FEC FORM 1		STATEMEI ORGANIZ		Off	ice Use Only
1. NAME OF		(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in	full)	is changed)	over the lines.		
NATIONAL 7	FANK TR	UCK CARRIE	ERS INC POLITIC	AL ACTION	
	.950	NORTH GLEBE RD STE	520		
ADDRESS (number and	d street)				
(Check if ac is changed)					
					03
		CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAI	L ADDRESS				
× (Check if ac		mith@tanktruck.org			
is changed)		onal Second E-Mail Ad	dress		
	Intte	cpac@tanktruck.c	prg		
COMMITTEE'S WEB I	PAGE ADDRES	S (UBL)			
(Check if ac	ldress I				
is changed)					
2. DATE 09	02 /	y y y y 2020			
3. FEC IDENTIFIC/	ATION NUMBE	R ▶ C c	00188011		
4. IS THIS STATEM	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined this Sta	tement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of	Treasurer Usi	ner, William, A., , Jr			
Signature of Treasurer	Usher, Willia 	m, A., , Jr	[Electronically Filed]	Date 09	02 / Y Y Y Y 2020
NOTE: Submission of fa			may subject the person signing t ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC FC	orm 1 (Revised 02/2009) Page 2
TYPE OF (	COMMITTEE
Candidat	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	
Candidate Party Affiliat	tion 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.) P
Political A	Action Committee (PAC):
(e) <b>X</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	Corporation Corporation w/o Capital Stock Labor Organization
	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	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.
Con	nmittees 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)

7915

703

Telephone number

838

Write or Type Committee Name

Assistant Treasurer

## NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE

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

National 7	ank Truck	Carriers, Inc.															
Mailing Ad	dress	950 N Glebe Rd															
-		Suite 520															
		Arlington						l	VA		222	03					
			CITY						STATE				ZIP	COD	Έ		
Relationsh	p: 🗴 Connect	ed Organization	filiated Commit	tee	Joi	nt Fun	Idraisi	ng Re	eprese	ntativ	'e	Le	aders	ship F	AC S	Spon	ISOr
7. Custodian books and		entify by name, addre	ess (phone num	ber (	optio	nal) ar	nd po	sition	of the	e pers	son i	n pos	sess	sion c	of coi	nmit	ttee

	Smith, Moira, K, ,
Full Name	
Mailing Address	950 N Glebe Rd
	Suite 520
	Arlington VA 22203
Title or Position	CITY STATE ZIP CODE

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).

Full Name of Treasurer	Usher, William, A., , Jr
Mailing Address	PO Box 16310
	Louisville
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 838 7915

Full Name of Designated Agent	STREBLOW, RYAN, , ,	
Mailing Address	N4955 TACKMAN LN	
	SHIOCTON   WI   54170	
	CITY STATE ZIP CODE	
Title or Position	Jirer 920 - 903 - 7099   Telephone number - - - - - -	

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.

Wells	-argo		
Mailing Address	1011 N Stafford St		
		VA 22201	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

mage# 202009029267075560		
FEC Form 1S (Revised 02/201	7) Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page _5_ of 5
i(g) or (h). Joint Fundraising I	Participant:	
1.	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С
5. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
Mailing Address		
Relationship:	CITY A STATE A	ZIP CODE
Connected C	rganization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
B. <b>Designated Agent:</b> Identify b Smith, Moira Full Name	y name, address (phone number – optional) a, K, ,	
Mailing Address	950 N Glebe Rd	
	Suite 520	
	Arlington VA	22203
TITLE OR POSITION ▼	CITY A STATE A	
	Telephone Number	703 - 838 - 7915

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.																						
Mailing Address																						
	L																					
	L																			·		
					C	۲I	( 🔺					S	TAT	E.			ZIP	C	DD	E		