Only

STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CIVIC 1390 CHAIN BRIDGE ROAD ADDRESS (number and street) STE 515 (Check if address is changed) **MCLEAN** 22101 VA 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 2018 C00681015 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. OZANUS, WILLIAM, K.,, Type or Print Name of Treasurer OZANUS, WILLIAM, K.,, [Electronically Filed] 06 2018 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	ed 02/2009)		Page 3
Write or Type Committee N	ame		
CIVIC			
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint F	undraising Representative, o	or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee .	Joint Fundraising Representati	ve Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number opi	tional) and position of the pe	rson in possession of committee
OZAN	US, WILLIAM, K., ,		
Full Name	,1390 CHAIN BRIDGE ROAD		
Mailing Address	STE 515		
		1/0	22101
	MCLEAN	VA	22101
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	
Treasurer: List the name any designated agent (e.	and address (phone number optional) of the g., assistant treasurer).	treasurer of the committee; a	and the name and address of
Full Name OZAN of Treasurer	US, WILLIAM, K., ,		
Mailing Address	1390 CHAIN BRIDGE ROAD		
	STE 515		
	MCLEAN	VA STATE	22101
Title or Position TREASURER		Telephone number	

FEC Forr	n 1 (Revised	d 02/2009)	Page 4
Full Name of Designated Agent	<u> </u>		
Mailing Address		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position		SIALE	ZII CODE
		Telephone number	
safety deposit be	oxes or main		
safety deposit be	oxes or main	ntains funds.	
safety deposit be Name of Bank,	oxes or main Depository, e	ntains funds.	
safety deposit be Name of Bank,	oxes or main Depository, e	atains funds. etc. 2200 WILSON BLVD	
safety deposit be Name of Bank,	oxes or main Depository, e	atains funds. etc. 2200 WILSON BLVD STE 100	
safety deposit be Name of Bank,	Depository, e	atains funds. 2200 WILSON BLVD STE 100 ARLINGTON CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, e	atains funds. etc. 2200 WILSON BLVD STE 100 ARLINGTON CITY STATE	ZIP CODE
Name of Bank, Name of Bank, Name of Bank,	Depository, e	atains funds. 2200 WILSON BLVD STE 100 ARLINGTON CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, e	atains funds. etc. 2200 WILSON BLVD STE 100 ARLINGTON CITY STATE	ZIP CODE
Name of Bank, Name of Bank, Name of Bank,	Depository, e	atains funds. etc. 2200 WILSON BLVD STE 100 ARLINGTON CITY STATE	ZIP CODE
Name of Bank, Name of Bank, Name of Bank,	Depository, e	atains funds. etc. 2200 WILSON BLVD STE 100 ARLINGTON CITY STATE	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee 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, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: