Only

PAGE 1 / 6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Tree Care Industry Association, Inc PAC (The Voice for Trees PAC) 670 N Commercial St Suite 201 ADDRESS (number and street) (Check if address is changed) Manchester 03101 NH CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pmascis@tcia.org (Check if address is changed) Optional Second E-Mail Address |ddonovan@tcia.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00391508 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. White, David, , , Type or Print Name of Treasurer White, David,,, [Electronically Filed] 07 17 2019 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

FFC	Form 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	i aye 🚣
Candida	ate 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affil		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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FEC Form 1 (Revised 02	2/2009)	Page <b>3</b>
Write or Type Committee Name		
Tree Care Indus	try Association, Inc PAC (The Voice for T	rees PAC)
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Tree Care Industry Ass	ociation, Inc.	
Mailing Address	670 N Commercial St Suite 201	
•	Manchester NH 03101	
	CITY STATE	ZIP CODE
Relationship: Connected		ndership PAC Sponso
<ol> <li>Custodian of Records: Identi books and records.</li> </ol>	fy by name, address (phone number optional) and position of the person in pos	session of committe
White, David	d, , , 670 N Commercial Street Suite 201	
Mailing Address		
	Manchester NH 03101	
Title or Position	CITY STATE	ZIP CODE
CEO /PRESIDENT		314   -   5380
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the natistant treasurer).	me and address of
Full Name White, David	<b>1</b> , , ,	
Mailing Address	670 N Commercial Street Suite 201	
	Manchester NH   03101	
Title or Position , Treasurer	CITY STATE	ZIP CODE 314   5380

Telephone number

FEC <b>Form</b>	<b>1</b> (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Garvin, Mark, , ,		
Mailing Address	136 Harvey Road		
	Londonderry CITY	NH STATE	03053 ZIP CODE
Title or Position			
	Telephone nun	mber	
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committeness or maintains funds.  Depository, etc.	tee deposits	
safety deposit bo	oxes or maintains funds. Depository, etc.  TD Banknorth		
safety deposit bo	oxes or maintains funds.  Depository, etc.		
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc.  TD Banknorth	L. L	
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc.  TD Banknorth	NH NH	03103
safety deposit bo Name of Bank, D	Depository, etc.  TD Banknorth  1255 South Willow Street		03103 ZIP CODE
safety deposit bo Name of Bank, D	Depository, etc.  TD Banknorth  1255 South Willow Street  Manchester  CITY	NH	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  TD Banknorth  1255 South Willow Street  Manchester  CITY	NH	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  TD Banknorth  1255 South Willow Street  Manchester  CITY  Depository, etc.	NH	
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  TD Banknorth  1255 South Willow Street  Manchester  CITY  Depository, etc.	NH	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

safety deposit boxes or ma		other depositories in which		s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	shire First Bank	other depositories in which		s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	nintains funds.	other depositories in which		s funds, holds accounts, rents
TITLE OR POSITION				
TITLE OR POSITION			elephone Number	
	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				<u> </u>
Designated Agent: Identify	by name, address (c	phone number – optional)		
	d Organization Af		Fundraising Representa	
Relationship:		CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Name of Any Connected	Organization, Affiliat	ed Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
4.			FEC ID number	[C]
3.			FEC ID number	С
- I			FEC ID number	С
2.			FEC ID number	C

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

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aintains funds.	r otner depositories in wn	ich the commi	ttee deposit	s funds, holds accounts, rents
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		Telephone N	umber	
▼	CITY A			ZIP CODE ▲
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d Organization A	ffiliated Committee	oint Fundraisin	g Representa	Leadership PAC Spo
	CITY A		STATE A	ZIP CODE ▲
Organization, Affilia	ted Committee, Joint Fu	ndraising Re <sub>l</sub>	oresentative	e, or Leadership PAC Sponso
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		,		C
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