Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. AB PAC 455 Massachusetts Ave NW ADDRESS (number and street) Ste 650 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@americanbridge.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) americanbridgepac.org (Check if address is changed) DATE 2019 C00492140 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. Mollineau, Rodell, , , Type or Print Name of Treasurer Mollineau, Rodell, , , [Electronically Filed] 04 12 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.	
<b>(5)</b>		_	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.		

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Write or Type Committee N	Name		
AB PAC			
. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundra	ising Representative, o	or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Custodian of Records: books and records.	Identify by name, address (phone number optional)	and position of the per	rson in possession of committe
Madra	as, Andrew, , ,		
Full Name	AFF Magazahugatta Aya NW		
Mailing Address	455 Massachusetts Ave NW Ste 650		
	Washington	DC	20001
Title or Position	CITY	STATE	ZIP CODE
Asst Treasurer	Tele	phone number	
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treas .g., assistant treasurer).	surer of the committee; a	and the name and address of
Full Name Mollin of Treasurer	eau, Rodell, , ,		
Mailing Address	455 Massachusetts Ave NW		
	Ste 650		
	Washington	DC	20001
	CITY	STATE	ZIP CODE

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Full Name of Designated Agent	Madras, Andrew, , ,	
Mailing Address	455 Massachusetts Ave NW	
	Ste 650	
	Washington DC 20003  CITY STATE Z	IP CODE
Title or Position Assistant Treasu	urer Telephone number 202 – 67	18 4250
Name of Bank, D	oxes or maintains funds.  Depository, etc.	
Mailing Address	Amalgamated Bank  1825 K Street NW	
Mailing Address		
Mailing Address		
Mailing Address	1825 K Street NW  Washington  DC 20006	ZIP CODE
Mailing Address  Name of Bank, D	1825 K Street NW  Washington  CITY  STATE  Z	ZIP CODE
	1825 K Street NW  Washington  CITY  STATE  Z	ZIP CODE
	1825 K Street NW  Washington  CITY  STATE  Z	ZIP CODE
Name of Bank, D	1825 K Street NW  Washington  CITY  STATE  Z	ZIP CODE
Name of Bank, D	1825 K Street NW  Washington  CITY  STATE  Z	IIP CODE