| Image# 202404159627657609 | | | | PAGE 1 / 4 |
|---|----------------------------------|---|------------------------|------------------------------|
| FEC FORM 1 | STATEME ORGANIZ | | | |
| | | | 0 | Office Use Only |
| I. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Cigar-PAC (Cigar A | Association of Ame | erica, Inc.) | | |
| | | | | |
| ADDRESS (number and street) | 1310 G Street, NW | | | |
| (Check if address is changed) | Suite 680 | | | |
| is changed) | Washington | | | 0005 |
| | CITY ▲ | | STATE A | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | dcotter@cigarassociation.c | org | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | DRESS (URL) www.cigarsusa.org | | | |
| | | | | |
| 2. DATE 03 / 20 | | | | |
| 3. FEC IDENTIFICATION N | JMBER ► C C | 00121350 | | |
| _ | | _ | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined th | nis Statement and to the best | of my knowledge and belief | it is true, correct an | d complete. |
| Supe or Print Name of Tracquire | | | | |
| Type or Print Name of Treasure | r <u>Cotter, Daniel, , ,</u> | | | |
| Signature of Treasurer Cotte | er, Daniel, , , | | Date 04 | / D D / Y Y Y 15 2024 |
| IOTE: Submission of false, erron | | may subject the person signing | | e penalties of 52 U.S.C. §30 |
| Office | | For further information | contact: | FEC FORM 1 |
| Use Only | | Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | SION | (Revised 06/2012) |

04/15/2024 09 : 42

| FEC Form 1 (Revised 03/2022) | Page 2 | | | | | | | | | | |
|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|
| 5. TYPE OF COMMITTEE: | | | | | | | | | | | |
| Candidate 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 Office Party Affiliation Sought: House Senate President | State | | | | | | | | | | |
| | District | | | | | | | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | | | | | | |
| Name of Candidate | | | | | | | | | | | |
| | ocratic, lican, etc.) Party | | | | | | | | | | |
| Political Action Committee (PAC): (e) Image: This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control or the segregated fund. (Identify connected organization on line 6.) Its control or the segregated fund. | nected organization is a: | | | | | | | | | | |
| Corporation Corporation w/o Capital Stock | oor Organization | | | | | | | | | | |
| Membership Organization X Trade Association Co | operative | | | | | | | | | | |
| X In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) | egated 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.) | | | | | | | | | | | |
| (g) This committee is an independent expenditure-only political committee (Super PAC). | | | | | | | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | | | | | |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybr | rid PAC). | | | | | | | | | | |

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

| | FEC Form 1 (Revised | 02/2009) | | | | | | | | | | | | | | | | | | | | | | Pa | ige | 3 | | |
|----|-----------------------------|------------------------|------|----|------|-------|------|------|-----|------|------|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|---|
| ۷ | Vrite or Type Committee Nam | e | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cigar-PAC (Cig | ar Association | on | of | Ar | me | ric | ca | , I | nc | :.) | | | | | | | | | | | | | | | | | |
| 6. | Name of Any Connected | Organization, Affiliat | ed C | om | mitt | ee, . | Joir | nt F | un | drai | isin | ng F | Rep | ores | sen | tat | ive | , o | r L | ea | der | shi | рF | 'AC | s : | por | iso | r |
| | Cigar Association of | f America, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | 1310 G Street, NW | , | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| | | Suite 680 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Washington | | | | | | | | | | | | | | | | | Ľ | 200 | 05 | | | | -L | | | |

STATE **▲**

Joint Fundraising Representative

ZIP CODE 🔺

Leadership PAC Sponsor

| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee |
|----|---|
| | books and records. |

CITY

Affiliated Organization

X Connected Organization

| Cotter, Dar | iel,,, |
|---------------------|---|
| Mailing Address | 1310 G STREET, NW |
| | |
| | WASHINGTON DC 20005 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Vice President | Telephone number 202 - 223 - 8204 |

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 | Cotter, Daniel, , , | | | | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|--|--|
| Mailing Address | 1310 G STREET, NW | | | | | | | | | |
| | SUITE 680 | | | | | | | | | |
| | WASHINGTON DC 20005 | | | | | | | | | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | | | | | | | | | |
| Title or Position ▼ | | | | | | | | | | |
| Treasurer | Image: | | | | | | | | | |

| FEC Form 1 (Revised 02 | 2/2 | 009 | 9) | | | | | | | | | | | | | | | | | | | Pag | ge 4 | 4 | | |
|-------------------------------------|-----|-----|----|--|--|----|----|--|------|------|-----|-----|-----|-----|-----|-----|--|---|---------|---|----|-----|------|---|--|--|
| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | 1 | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | L | | | | | ·L | | | |
| | | | | | | Cľ | ΤY | | | | | | | : | STA | λΤΕ | | | | Z | P(| col | DE | | | |
| Title or Position ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Tele | əph | one | e n | umł | ber | | | | - [| | | | · | | | |

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.

| , Trui | st Bank | | |
|-----------------------|-----------------------|----------|------------|
| Mailing Address | 1445 New York Ave, NW | | |
| | 4th Floor | | |
| | Washington | DC 20005 | |
| | CITY A | STATE A | ZIP CODE ▲ |
| Name of Bank, Deposit | ory, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY A | STATE A | ZIP CODE ▲ |