FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1			AIION		
1. NAME OF		(Chook if name	Evample: If typing type		Office Use Only
COMMITTEE (in fi	ull)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
National Mobi	lity Equipm	ent Dealers	Association Polit	tical Action C	Committee, Inc.
ADDRESS (number and		/est Bearss Avenue	<u> </u>		
(Check if add is changed)	dress				
<i>3</i> /	Tampa	CITY A		STATE ▲	33618 ZIP CODE ▲
COMMITTEE'S E-MAIL	. ADDRESS				
(Check if add is changed)	dress NMED	OA-PAC@NMEDA.org	g 		
5 ,		al Second E-Mail Ad	dress		
COMMITTEE'S WEB P (Check if add is changed)		JRL)			
2. DATE 07	/ D D / Y	2024			
3. FEC IDENTIFICA	TION NUMBER	C c	00542555		
4. IS THIS STATEME	NEV	V (N) OR	X AMENDED (A))	
I certify that I have exa	amined this Statem	nent and to the best	of my knowledge and belie	ef it is true, correct a	and complete.
Type or Print Name of	Treasurer <u>Cumm</u>	ings, Toby, , ,			
Signature of Treasurer	Cummings, Tob	ру, , ,		Date 07	11 2024
NOTE: Submission of fal			may subject the person signi	-	he penalties of 52 U.S.C. §30109.
Office Use Only			For further information Federal Election Communication Free 800-424-9530 Local 202-694-1100	on contact:	FEC FORM 1 (Revised 06/2012)

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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 information below.)	e. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate I	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization X 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 separation committee. (i.e., nonconnected committee)	arate segregated 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 acco	unts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	, ,
Loint Fundraicing Ponrocontativo	
Joint Fundraising Representative: This committee collects contributions, pays fundraising expenses and disburses net product.	ceeds for two or more political
committees/organizations, at least one of which is an authorized committee of a federal	-
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	·
Committees Participating in Joint Fundraiser	
1.	

Treasurer

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٧	Vrite or Type Committee Name						
	National Mobility I	Equipment Dealers Association Pol	itical Action Cor	mmittee, Inc.			
6.	Name of Any Connected O	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	National Mobility Equipment Dealers Association						
	Mailing Address	3327 West Bearss Avenue					
		Tampa	FL 33618	8			
		CITY A	STATE ▲	ZIP CODE ▲			
	Relationship: X Connected	Organization Affiliated Organization Joint Fundra	ising Representative	Leadership PAC Sponso			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	Cummings	. Toby, , ,					
	Full Name						
	Mailing Address	3327 West Bearss Avenue					
		Living					
		Tampa	FL 33618	B 			
		CITY A	STATE ▲	ZIP CODE ▲			
	Title or Position ▼						
	Treasurer	Telephone	number 813 -	264 - 2697			
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 Cummings	Tohy					
	of Treasurer						
	Mailing Address	3327 West Bearss Avenue					
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Tampa	FL 33618	B			
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			

264

Telephone number

2697

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Full Name of	(1.61.653 52/2000)		
Designated Agent			
Mailing Address			
Title or Position		ATE A	ZIP CODE ▲
Title of Position		1 1 1	
	Telephone number		
	Depositories: List all banks or other depositories in which the committee deces or maintains funds.	eposits funds, hold	ds accounts, rents
Name of Bank, D	epository, etc.		
	PNC Bank		
Mailing Address	PO Box 609		
	Pittsburgh F	PA 15230	
	CITY ▲ STA	TE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲ STA	TE ▲	ZIP CODE ▲