FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Boule' 1904 PAC 499 S. Capitol Street, SW ADDRESS (number and street) Suite 422 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sara@ABconsultingDC.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00620740 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. Pluria William Marshall Jr. Type or Print Name of Treasurer Pluria William Marshall Jr. [Electronically Filed] 06 2016 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

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Corporation Not 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 segregated fund or paracommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) 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. (h) 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. FEC ID number C 2. FEC ID number C 3. FEC ID number C	ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation				-
Name of Candidate Candidate Party Affiliation This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: ((a) This committee is a	(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)
Candidate Party Affiliation This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)			nplete the candidate
Party Affiliation				
Name of Candidate Party Committee: (d) This committee is a '(National, State or subordinate) committee of the Republican, etc.) Part Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Corporation Corporation New Capital Stock Labor Organization In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) 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. Committees Participating in Joint Fundraiser 1. FEC ID number C 3. FEC ID number C 3. FEC ID number C 4. FEC ID number C 4. FEC ID number C 5. FEC ID number C 6. FEC ID number C 7. FE				
Party Committee: (d) This committee is a	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
(d) This committee is a				
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Corporation No Capital Stock Labor Organization Image: In addition, this committee is a Lobby/st/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or paracommittee. (i.e., nonconnected committee) In addition, this committee is a Lobby/st/Registrant PAC. In addition, this committee is a Lobby/st/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) 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. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C 3. FEC ID number C	Part	ty Con		(Democratic
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2. FEC ID number C 3. FEC ID number C				
3. FEC ID number C			FEC ID number	
/		4.		

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Write or Type Committee Na		
Boule' 1904 P.		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
ag / taa. eee		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person in	1 possession of committee
Randall	Broz	
Full Name	499 S. Capitol Street, SW	
Mailing Address	Suite 422	
	Washington DC 200	03
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- 403 - 0606
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and th ., assistant treasurer).	e name and address of
Full Name Pluria W	/illiam Marshall Jr.	
Mailing Address	499 S. Capitol Street, SW	
	Suite 422	
	Washington DC 2000	03
Title or Position	CITY STATE	ZIP CODE
Treasurer		- 403 - 0606

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nui	mber	
safety deposit boxes or Name of Bank, Deposi	itory, etc.	ttee deposits fun	us, riolas accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds.	ttee deposits fun	as, noids accounts, rents
safety deposit boxes or Name of Bank, Deposi	nk of America, N.A. 201 Pennsylvania Avenue, SE		
safety deposit boxes or Name of Bank, Deposi	nk of America, N.A.		20003
safety deposit boxes or Name of Bank, Deposi	nk of America, N.A. 201 Pennsylvania Avenue, SE		
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