STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Conservative States of America PAC PO Box 2227 ADDRESS (number and street) (Check if address is changed) Montgomery 36102 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pkrason@apoliticalfirm.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00682799 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. Krason, Patrick, , , Type or Print Name of Treasurer Krason, Patrick, , , [Electronically Filed] 07 13 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 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE			
Cai	ndidate	e Committee:			
(a)	Ш	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. (Compinformation below.)	lete the candidate		
	ne of didate				
	didate y Affiliatio	on Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	ne of didate				
Par	rty Con	nmittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.		
Pol	itical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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) x		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)			
Joir	nt Fund	Iraising 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.	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.	or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number C			
	3.	FEC ID number			
	4.				

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Nan		- J
Conservative S	States of America PAC	
	Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE		
	<u> </u>	<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	e person in possession of committee
Krason,	Patrick, , ,	
Mailing Address	PO Box 2227	
Mailing Address		
	Montgomery	36102
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 - 351 - 6896
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committ , assistant treasurer).	ree; and the name and address of
Full Name Krason, Full Name	Patrick, , ,	
Mailing Address	PO Box 2227	
	Montgomery AL	36102
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 351 6896

FEC Forr	n 1 (Revised 02/2009)	Page 4					
Full Name of Designated Agent							
Mailing Address							
	CITY STATE	ZIP CODE					
Title or Position	Telephone number						
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.							
Mailing Address	Suntrust Bank 3026 Zelda Rd						
J							
	Montgomery AL 36106						
	CITY STATE	ZIP CODE					
Name of Bank, I	Depository, etc.						
Mailing Address							
	CITY STATE	ZIP CODE					

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: