Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) NATIONAL CANNABIS INDUSTRY ASSOCIATION PAC 3845 Tennyson St. Ste 170 ADDRESS (number and street) (Check if address is changed) **DENVER** 80212 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address AARON@THECANNABISINDUSTRY.ORG is changed) Optional Second E-Mail Address MICHELLE@THECANNABISINDUSTRY.ORG COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00528026 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. Type or Print Name of Treasurer Smith, Frederick, Aaron, Smith, Frederick, Aaron, , Date 01 31 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	EC Form 1 (Revised 03/2022)	Page 2					
	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 Party Affiliation Office Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate							
	Party Committee:						
	(d) This committee is a (National, State or subordinate) committee of the Republican,						
Political Action Committee (PAC):							
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:					
	Corporation Corporation w/o Capital Stock Labor On	rganization					
	Membership Organization Trade Association Cooperation	tive					
	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 par 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.)						
	(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 (Hybrid PAC).						
	In addition, this committee is a Lobbyist/Registrant 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.						
	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						
	1C						

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Write or Type Committee		20014710117140	
	CANNABIS INDUSTRY ASS		
_	cted Organization, Affiliated Committee, Joint	Fundraising Representative, or Lea	dership PAC Sponsor
NONE			
1			1
Mailing Address			
	1		
	CITY ▲	STATE ▲	ZIP CODE ▲
Custodian of Record	Affiliated Organization S: Identify by name, address (phone number opt	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records.	Affiliated Organization Affiliated Organization S: Identify by name, address (phone number opt	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records.	nnected Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records. Sm Full Name	Affiliated Organization Affiliated Organization S: Identify by name, address (phone number opt	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records.	Affiliated Organization S: Identify by name, address (phone number optinith, Frederick, Aaron, , 1000 N Grant St, Apt 1203	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records. Sm Full Name	Affiliated Organization S: Identify by name, address (phone number optoble) whith, Frederick, Aaron, , 1000 N Grant St, Apt 1203 Apt 1203	Joint Fundraising Representative	Leadership PAC Spon
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Custodian of Record books and records. Sm Full Name	Affiliated Organization S: Identify by name, address (phone number optoble) whith, Frederick, Aaron, , 1000 N Grant St, Apt 1203 Apt 1203	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records. Sm Full Name	Affiliated Organization s: Identify by name, address (phone number optimith, Frederick, Aaron, , 1000 N Grant St, Apt 1203 Apt 1203 Denver	Joint Fundraising Representative	Leadership PAC Spon
Custodian of Record books and records. Sm Full Name Mailing Address	Affiliated Organization s: Identify by name, address (phone number optimith, Frederick, Aaron, , 1000 N Grant St, Apt 1203 Apt 1203 Denver	Joint Fundraising Representative	Leadership PAC Spon

of Treasurer 1000 N Grant St, Apt 1203 Mailing Address Apt 1203 Denver CO 80203 ZIP CODE ▲ CITY A STATE lacktriangleTitle or Position ▼ CEO 707 291 0076 Telephone number

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Full N Desig Agent	ame of lated						
Mailin	g Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			
Title	r Position ▼						
			Telephone number				
	or Other Depositories: List deposit boxes or maintains fu	all banks or other depositories in wh nds.	ich the committee deposits fu	unds, holds accounts, rents			
Name	Name of Bank, Depository, etc.						
	BANK OF AMERICA						
Mailin	Address 100 No	orth Tryon Street					
	Charlo	tte	NC NC	28255			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name	Name of Bank, Depository, etc.						
Mailin	Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			