**FEC** 

## 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) over the lines. is changed) National Association of Chemical Distributors Responsible Distribution Political Action Committee 4201 Wilson Blvd. ADDRESS (number and street) **Suite 0515** (Check if address is changed) Arlington 22203 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dleigh@nacd.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00379180 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. Leigh, Douglas, , Mr., Type or Print Name of Treasurer Leigh, Douglas, , Mr., [Electronically Filed] 01 2022 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

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		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising 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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		. ago c
	of Chemical Distributors Responsible Distribution Politi	cal Action Committee
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	
·		reduction printed openion
National Association o	of Chemical Distributors	
Mailing Address	4201 Wilson Blvd.	
J	Suite 0515	
	Arlington VA 2	22203
	CITY STATE	ZIP CODE
		П
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Ider books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
Vienna, Lis	sa, J., ,	
Full Name	4201 Wilson Blvd.	
Mailing Address	Ste. 0515	
	Arlington , VA , 12	22203
Title or Position	CITY STATE	ZIP CODE
Director	Telephone number 703	527 6223
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
	uglas, , Mr.,	1
of Treasurer	4201 Wilson Blvd.	
Mailing Address		
	Ste. 0515	
		22203
Title or Position Treasurer	CITY STATE 571  Telephone number	ZIP CODE

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De		ds accounts, rents
safety deposit box Name of Bank, De	es or maintains funds.	
safety deposit box Name of Bank, De	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995	
safety deposit box Name of Bank, De	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995	
safety deposit box Name of Bank, De	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995  Portland  OR  97228-  CITY  STATE	6995
safety deposit boxon Name of Bank, Designation Mailing Address	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995  Portland  OR  97228-  CITY  STATE	6995
safety deposit boxon Name of Bank, De Mailing Address  Name of Bank, De Land Control of Bank, De	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995  Portland  OR  97228-  CITY  STATE	6995
safety deposit boxon Name of Bank, Designation Mailing Address	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995  Portland  OR  97228-  CITY  STATE	6995
safety deposit boxon Name of Bank, De Mailing Address  Name of Bank, De Land Control of Bank, De	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995  Portland  OR  97228-  CITY  STATE	6995
safety deposit boxon Name of Bank, De Mailing Address  Name of Bank, De Land Control of Bank, De	WELLS FARGO  Greater Washington DC Bus Bkg-VA  P.O. Box 6995  Portland  OR  97228-  CITY  STATE	6995