Only

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STATEMENT OF **FEC 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 FOOTBALL LEAGUE PLAYERS ASSOCIATION ONE TEAM PAC 1133 20TH ST., NW ADDRESS (number and street) (Check if address is changed) WASHINGTON 20036-3450 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS charles.ross@nflpa.org (Check if address is changed) Optional Second E-Mail Address admin@evanskatz.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00619429 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. Mr. Charles H. Ross Type or Print Name of Treasurer Mr. Charles H. Ross [Electronically Filed] 07 13 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

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		OMMITTEE					
	andidate 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. (Complete the candidate information below.)					
Nam Cand	e of didate						
	didate y Affiliati	Office Sought: House Senate President	State				
			District				
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	Party Committee:						
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)	\times	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 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.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Title or Position Treasurer

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٧	Vrite or Type Committee Name				
ı	NATIONAL FOOT	BALL LEAGUE PLAYERS	SASSOC	IATION ON	E TEAM PAC
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Ful	ndraising Repre	esentative, or Leader	ship PAC Sponsor
N	lational Football Leag	ue Players Association			
ı					
	Mailing Address	1133 20th St., NW			
		Washington CITY		DC 20036 STATE	ZIP CODE
·.		Affiliated Committee Jointify by name, address (phone number option	oint Fundraising l		eadership PAC Sponsor ossession of committee
	Mr. Charle	s H. Ross			
	Mailing Address	NFLPA			
		1133 20th St., NW			
		Washington		DC 20036-	3450
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone numl	ber	756 9100
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the tassistant treasurer).	reasurer of the	committee; and the n	name and address of
	Full Name Mr. Charles of Treasurer	s H. Ross			
	Mailing Address	NFLPA			
		1133 20th St., NW			
		Washington		DC 20036-	3450
		CITY		STATE	ZIP CODE

202

Telephone number

756

9100

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Full Name of Designated	Ira Fishman	i Tanana T					
Agent Mailing Address	NFLPA						
maining Audiess	1133 20th St., NW						
	Washington DC 20036-3450 CITY STATE ZIP	CODE					
Title or Position Assistant Treasu							
safety deposit bo	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.						
	Amalgamated Bank						
Mailing Address	1825 K Street, NW						
	Washington DC 20006						
	CITY STATE ZIP	CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY STATE ZIP	O CODE					