

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS POLITICAL ACTION COMMITTEE (ASCP PAC)

ADDRESS (number and street) 1240 N Pitt Street Suite 300 ALEXANDRIA VA 22314 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) kjennings@ascp.com

Optional Second E-Mail Address aclayman@ascp.co

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 10 / 23 / 2018

3. FEC IDENTIFICATION NUMBER C C00199547

4. 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 Jennings, Kelly, , ,

Signature of Treasurer Jennings, Kelly, , , [Electronically Filed] Date 10 / 23 / 2018

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.

5. 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   
 District

- (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  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)

**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 \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS POLITICAL ACTION COMMITTEE (ASCP PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS POLITICAL ACTION COMMITTEE (ASCP PAC)

Mailing Address 1240 N Pitt Street  
 Suite 300  
 ALEXANDRIA VA 22314  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name  
 Mailing Address  
 CITY STATE ZIP CODE  
 Title or Position  
 Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jennings, Kelly, , ,  
 Mailing Address 1240 N Pitt Street  
 Suite 300  
 Alexandria VA 22314  
 CITY STATE ZIP CODE  
 Title or Position CFO  
 Telephone number 410 913 3922

Full Name of Designated Agent | Worz, Chad, , ,

Mailing Address | 1240 N Pitt Street  
| Suite 300  
| Alexandria | VA | 22314  
| CITY | STATE | ZIP CODE

Title or Position | Telephone number | - | - |

9. **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.

SunTrust Bank

Mailing Address | 515 King Street  
| Alexandria | VA | 22314  
| CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |  
|  
| CITY | STATE | ZIP CODE