Image# 201909179163362758				PAGE 1/4
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	fice Use Only
COMMITTEE (in full)	is changed)	over the lines.	TTTTTTTTT	
National Associat	tion of ACOs Inc	Action Fund		
	601 13th Street, NW			
ADDRESS (number and street)	Suite 900 South			
is changed)	Washington			05
			STATE	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	dbrafford@naacos.com	n 		
is changed)	Optional Second E-Mail Ad	dress		
	jmuldoon@naacos.c	;om		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)			
2. DATE 09 02				
3. FEC IDENTIFICATION NU	JMBER ► C c	00719815		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Time of Drink Name of The	r Muldoon, Jennifer, , ,			
Type or Print Name of Treasure				
Signature of Treasurer	oon, Jennifer, , ,	[Electronically Filed]	Date 09	17 / Y Y Y Y 17 2019
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC FO	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
		Committee:	х.
(a)	<u> </u>	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. (Com information below.)	plete the candidate
Nam Cano	le of didate		
	didate y Affiliat	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Canc	ie of didate		
Par	ty Cor	nmittee:	(D);
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization i
		Corporation Corporation w/o Capital Stock	Labor Organization
		X 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 se committee. (i.e., nonconnected committee)	egregated fund or pa
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

National Association of ACOs Inc Action Fund

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

N	lational Association c	f ACOs Inc										
	Mailing Address	601 13th Street, NW										
	-	Suite 900 South										
		Washington					DC	20	005			
			CITY				STATE	-	Z	IP COD)E	
	Relationship: x Connecte	d Organization	ed Committe	e	loint Fu	ndraisir	ng Represe	entative	Lead	lership F	YAC Sp	onsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (p	hone numbe	er opt	ional) a	and pos	sition of th	e person	in posse	ession c	of com	mittee
	Muldoon,	Jennifer, , ,										
	Full Name											
	Mailing Address	601 13th Street, NW										
		Suite 900 South										
		Washington						20	005			

	Telephone number	
--	------------------	--

STATE

ZIP CODE

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).

CITY

Full Name of Treasurer	Muldoon, Jennifer, , ,
Mailing Address	601 13th Street, NW
	Suite 900 South
	Washington DC 20005 _
	CITY STATE ZIP CODE
Title or Position	

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Full Name of Designated Agent	Brafford, Deborah, , ,
Mailing Address	601 13th Street, NW
	Suite 900 South
	Washington DC 20005
	CITY STATE ZIP CODE
Title or Position	
	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

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.

Bank c	f America		
Mailing Address	2200 Forest Drive		
	Annapolis	MD	21401
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE