

**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

Ports America Group, Inc. DBA Ports America PAC

ADDRESS (number and street)

20 Galli Drive, Suite A

☐ (Check if address is changed)

Novato

CITY ▲

CA

STATE ▲

94949

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

nwarren@wepacca.com

Optional Second E-Mail Address

Michael.McClelland@portsamerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
10 / 02 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00396812

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 Warren, Nancy L, , ,

Signature of Treasurer

Warren, Nancy L, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 02 / 2020

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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 AffiliationOffice  
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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

**Ports America Group, Inc. DBA Ports America PAC****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Ports America Group, Inc.

Mailing Address

525 Washington Blvd STE 1660

Jersey City

CITY

NJ

STATE

07310

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

Warren, Nancy L., , ,

Mailing Address

20 Galli Drive, Suite A

Novato

CITY

CA

STATE

94949-5731

ZIP CODE

Title or Position

Custodian of Records

Telephone number

415

884

5500

**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

McClelland, Michael, , ,

Mailing Address

55 N Arizona Pl #400

Chandler

CITY

AZ

STATE

85225

ZIP CODE

Title or Position  
Treasurer

Telephone number

480

763

7925

Full Name of  
Designated  
Agent

Warren, Nancy L., , ,

Mailing Address

20 Galli Drive, Suite A

Novato

CITY

CA

STATE

94949-5731

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

415

884

5500

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 of San Francisco

Mailing Address

575 Market Street, Suite 900

San Francisco

CITY

CA

STATE

94105

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F1A  
Transaction ID :

Adds Lobbyist/Registrant info

Form/Schedule:  
Transaction ID:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

FEC ID number **C**

FEC ID number **C**

FEC ID number **C**

FEC ID number **C**

Mailing Address	

☐ Connected Organization    ☐ Affiliated Committee    ☐ Joint Fundraising Representative    ☐ Leadership PAC Sponsor

Full Name	Gajeski, Thomas A., , ,
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Mailing Address	55 N Arizona #400			
	Chandler	AZ	85225	-

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

POF Telephone Number 480 - 496 - 7003

Name of Bank,  
Depository, etc. \_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲