

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2018 FEB 7 PM 3:09

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

A M E R I C A N L I G H T I N G A S S O C I A T I O N  
P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street)

2 0 5 0 N S T E M M O N S F W Y



(Check if address  
is changed)

U N I T 1 0 0

D A L L A S

CITY ▲

T X

STATE ▲

7 5 2 0 7 -

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

W E N D Y @ A L A L I G H T I N G . C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

2. DATE

0 2

0 5

2 0 1 8

3. FEC IDENTIFICATION NUMBER ►

C 0 0 3 9 8 8 0 0

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 Eric Jacobson

Signature of Treasurer

*Eric Jacobson*

Date

0 2

0 5

2 0 1 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For 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 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. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |

2018-03-07 09:00:10:48:34

Write or Type Committee Name

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

Mailing Address

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

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

Title or Position

Telephone number

NOT FOR DISTRIBUTION TO THE PUBLIC

Full Name of  
Designated  
Agent

E r i c J a c o b s o n

Mailing Address

2 0 5 0 N. S t e m m o n s F r w y

U n i t 1 0 0

D a l l a s

CITY

T X

STATE

7 5 2 0 7

ZIP CODE

Title or Position

P r e s i d e n t

Telephone number

2 1 4

6 9 8

9 8 9 8

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.

B a n k o f A m e r i c a

Mailing Address

1 4 9 9 9 P r e s t o n R D

D a l l a s

CITY

T X

STATE

7 5 2 0 7

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE



FedEx carbon-neutral  
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Part # 156297-435 RRDB EXP 10/18

ORIGIN ID: NKIA (000) 000-0000  
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DALLAS, TX 75207  
UNITED STATES US

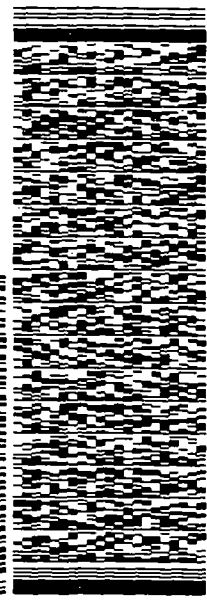
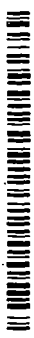
SHIP DATE: 05FEB18  
ACTWT: 0.10 LB  
CAD: 6992947/SSF01822

BILL THIRD PARTY

TO  
FEDERAL ELECTION COMMISSION  
FEDERAL ELECTION COMMISSION  
999 E ST NW

WASHINGTON DC 20463

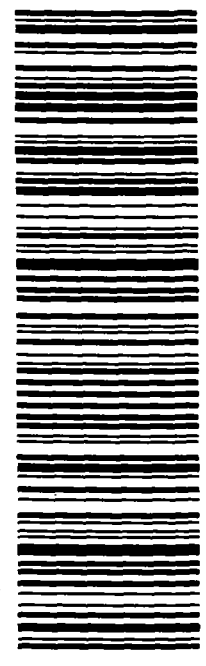
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RT 692 9 16:30  
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REC  
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DIV  
2018 FEB -7

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>2/5/2018</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>2/7/2018</i> DATE PREPARED

(3/2015)

2018-02-07 00:10:40