

**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

PROFESSIONAL SERVICE INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (PSI PAC)

ADDRESS (number and street)

2350 KERNER BLVD., SUITE 250

☐ (Check if address is changed)

SAN RAFAEL

CITY ▲

CA

STATE ▲

94901

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

fecform1@nmgovlaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 13 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00498527

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 KAUNE, JASON D., , ,

Signature of Treasurer KAUNE, JASON D., , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 13 / 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.

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

CA

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

Write or Type Committee Name

PROFESSIONAL SERVICE INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (PSI PAC)

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

PROFESSIONAL SERVICE INDUSTRIES, INC.

Mailing Address

1901 S. MEYERS ROAD, SUITE 400

OAKBROOK TERRACE

IL

60181

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

KAUNE, JASON D., , ,

Mailing Address

2350 KERNER BLVD., SUITE 250

SAN RAFAEL

CA

94901

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

415

389

6800

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

KAUNE, JASON D., , ,

Mailing Address

2350 KERNER BLVD., SUITE 250

SAN RAFAEL

CA

94901

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

415

389

6800

Full Name of
Designated
Agent

HAMMACK, MARSHALL, , ,

Mailing Address

1901 S. MEYERS ROAD, SUITE 400

OAKBROOK TERRACE

CITY

IL

STATE

60181

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

630

691

1490

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 MARIN

Mailing Address

504 TAMALPAIS DRIVE

CORTE MADERA

CITY

CA

STATE

94925

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

| | | | |
|----|--|---------------|---|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

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

8. **Designated Agent:** Identify by name, address (phone number – optional)

COLUMBO, MICHAEL A., , ,

Full Name

Mailing Address 2350 KERNER BLVD., SUITE 250

SAN RAFAEL CA 94901

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

Assistant Treasurer

Telephone Number 415 - 389 - 6800

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲