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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Taking the Hill PAC 499 S Capitol Street, SW ADDRESS (number and street) Suite 422 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Compliance@ABConsultingDC.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2018 C00677591 FEC IDENTIFICATION NUMBER > 3. X 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. Angerholzer, Lindsay, F.,, Type or Print Name of Treasurer Angerholzer, Lindsay, F.,, [Electronically Filed] 04 30 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (number of Candidate) Condidate Candidate Party Committee: (number of Candidate) This committee is a load of subordinate of the light of			
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Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No 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 procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee Nan		9
Taking the Hill	PAC	
	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position	of the person in possession of committee
Angerho Full Name	lzer, Lindsay, F., ,	
	499 S Capitol Street, SW	
Mailing Address	Suite 422	
	Washington	DC 20003
Title or Position	CITY ST	TATE ZIP CODE
Treasurer	Telephone number	r 202 403 - 0606
. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the co assistant treasurer).	mmittee; and the name and address of
Full Name Angerhol of Treasurer	zer, Lindsay, F., ,	
Mailing Address	499 S Capitol Street, SW	
	Suite 422	
		DC 20003 - -
Title or Position Treasurer		. 202 403 0606 .

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. Bank of America, NA	olds accounts, rents
safety deposit b	Depository, etc. Bank of America, NA 201 Pennsylvania Avenue, SE	
safety deposit b Name of Bank,	Depository, etc. Bank of America, NA 201 Pennsylvania Avenue, SE Washington DC 20003	3 1 - - - -
safety deposit b Name of Bank,	Depository, etc. Bank of America, NA 201 Pennsylvania Avenue, SE Washington CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Bank of America, NA 201 Pennsylvania Avenue, SE Washington CITY STATE	3 1 -
safety deposit by Name of Bank, Mailing Address	Depository, etc. Bank of America, NA 201 Pennsylvania Avenue, SE Washington CITY STATE Depository, etc.	3 1 -
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America, NA 201 Pennsylvania Avenue, SE Washington CITY STATE Depository, etc.	3 1 -
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