Image# 20200518923277887	6			PAGE 1 / 5
FEC FORM 1	STATEMEI ORGANIZ		Of	fice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
National Ventu	re Capital Associa	tion VenturePAC		
		· · · · · · · · · · · · · · · · · · ·		
ADDRESS (number and stree	25 Massachusetts Avenue, N	.W. 		
(Check if address is changed)	Suite 730			
	Washington		DC 200	01
			STATE A	ZIP CODE
COMMITTEE'S E-MAIL AD	DRESS			
(Check if address				
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 05	18 / Y Y Y Y 18 2020			
3. FEC IDENTIFICATION	N NUMBER ► C C	00150367		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examine	ed this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Trea	surer Farrah, Jeff, , Mr.,			
Signature of Treasurer	Farrah, Jeff, , Mr.,	[Electronically Filed]	Date 05	D D / Y Y Y Y 18 2020
NOTE: Submission of false, e	erroneous, or incomplete information ANY CHANGE IN INFORMATI	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	Form 1 (Revised 02/2009) Page 2		
TYPE O	F COMMITTEE		
Candid	late 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 Affi			
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party C	Committee:		
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part		
Politica	al Action Committee (PAC):		
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is		
	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 par 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 Fu	undraising 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.		
С	committees Participating in Joint Fundraiser		
1.	. FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	. FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

National Venture Capital Association VenturePAC

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

National Venture Capit	al Association			
Mailing Address	25 Massachusetts Avenue, N.W.			
	Suite 730			
	Washington		DC 2000'	1
	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.

Murphy, Jo	onas, , Mr.,
Full Name	
Mailing Address	25 Massachusetts Avenue, NW
	Suite 730
	Washington DC 20001
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 202 864 5931

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	Farrah, Jeff, , Mr.,
Mailing Address	25 Massachusetts Avenue, N.W.
	Suite 730
	Washington DC 20001 -
	CITY STATE ZIP CODE
Title or Position Treasurer	Image: Telephone number 202 864 5927

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Franklin, Bobby, , ,
Mailing Address	25 Massachusetts Avenue, N.W.
	Suite 730
	Washington DC 20001
	CITY STATE ZIP CODE
Title or Position	D Telephone number 202 - 864 - 5920

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	of America	
Mailing Address	1701 North Moore Street	
		VA 22209
	CITY	STATE ZIP CODE
Name of Bank, Depository,	etc.	
John M	1arshall	
Mailing Address	1943 Isaac Newton Sq.	
	Reston	VA 20190

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Changing the Custodian of Records.

Form/Schedule: Transaction ID: