Only

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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. ALARM INDUSTRY COMMUNICATIONS COMMITTEE POLITICAL ACTION COMMITTEE 7918 Jones Branch Drive ADDRESS (number and street) Suite 510 (Check if address is changed) McLean 22102 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS finance@tma.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tma.us (Check if address is changed) DATE 30 2019 C00248690 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. Bonifas, Robert, , Mr., Type or Print Name of Treasurer Bonifas, Robert, , Mr., [Electronically Filed] 10 2020 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

Local 202-694-1100

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TYPE OF C	OMMITTEE e 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:  (National, State	(Domocratic
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
Corr	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.		

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Write or Type Committee Name		
ALARM INDUSTRY	COMMUNICATIONS COMMITTEE POLITICA	AL ACTION COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
Alarm Industry Commu	unications Committee	<u> </u>
Mailing Address	7918 Jones Branch Drive	
Mailing Address	Suite 510  McLean  VA	22102
	CITY STATE	E ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of th	ne person in possession of committee
McMahon, Full Name	Madeline, Fullerton, Mrs.,	
Mailing Address	7918 Jones Branch Drive	<u></u>
<b>J</b>	Suite 510	
	McLean VA	22102
Title or Position	CITY STATE	ZIP CODE
	Telephone number	703 - 242 - 4670
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commit assistant treasurer).	ttee; and the name and address of
Full Name Bonifas, Ro	obert, , Mr.,	
Mailing Address	7918 Jones Branch Drive	
	Suite 510	_ 
	McLean VA CITY STATE	ZIP CODE
Title or Position	CITY STATE	ZIP CODE
	Telephone number	703 - 242 - 4670

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Full Name of Designated Agent	McMahon, Madeline, Fullerton, ,	
Mailing Address	7918 Jones Branch Drive	
	Suite 510	
	McLean VA 22102  CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer Telephone number 703 – 2	242   -   4670
Banks or Other safety deposit bo Name of Bank, D	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.	s accounts, rents
	wells fargo	
Mailing Address	wells fargo pinnacle drive	
Mailing Address		
Mailing Address		
Mailing Address	pinnacle drive  mclean  VA 22182	ZIP CODE
Mailing Address  Name of Bank, D	pinnacle drive  mclean  CITY  STATE	ZIP CODE
	pinnacle drive  mclean  CITY  STATE	ZIP CODE
	pinnacle drive  mclean  CITY  STATE	ZIP CODE
Name of Bank, D	pinnacle drive  mclean  CITY  STATE	ZIP CODE
Name of Bank, D	pinnacle drive  mclean  CITY  STATE	ZIP CODE