

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [x] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NATIONAL ASSOCIATION OF VISION CARE PLANS (NAVCP) PAC

ADDRESS (number and street) 13774 LAVISTA ROAD SUITE 101 TUCKER GA 30084 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS [x] (Check if address is changed) JROBERTS@NAVCP.ORG

Optional Second E-Mail Address navcp@cc.electioncfo.com

COMMITTEE'S WEB PAGE ADDRESS (URL) [] (Check if address is changed)

2. DATE 04 / 13 / 2022

3. FEC IDENTIFICATION NUMBER [C] C00615096

4. IS THIS STATEMENT [x] 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 MARSTON, CHRIS, , ,

Signature of Treasurer MARSTON, CHRIS, , , [Electronically Filed] Date 04 / 13 / 2022

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.

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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

NATIONAL ASSOCIATION OF VISION CARE PLANS (NAVCP) PAC

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

NATIONAL ASSOCIATION OF VISION CARE PLANS

Mailing Address 3774 LAVISTA RD
 STE 101
 TUCKER GA 30084
 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 ROBERTS, JULIAN, , ,
 Mailing Address 3774 LAVISTA RD
 SUITE 101
 TUCKER GA 30084
 CITY STATE ZIP CODE
 Title or Position
 CEO 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 MARSTON, CHRIS, , ,
 Mailing Address PO BOX 26141
 ALEXANDRIA VA 22313
 CITY STATE ZIP CODE
 Title or Position
 TREASURER Telephone number

Full Name of Designated Agent

HANKINS, BRENDA, , ,

Mailing Address

PO BOX 26141

ALEXANDRIA

CITY

VA

STATE

22313

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

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.

TRUIST BANK

Mailing Address

214 N TRYON ST

CHARLOTTE

CITY

NC

STATE

28202

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE