Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. NATIONAL ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS PAC (NAPEO PAC) 707 NORTH ST. ASAPH STREET ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tstohler@napeo.org (Check if address X is changed) Optional Second E-Mail Address nkapiotis@napeo.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00447284 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. Stohler, Thomas, M.,, Type or Print Name of Treasurer Stohler, Thomas, M.,, [Electronically Filed] 09 2019 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

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE	i aye Z			
Can	ndidate	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			
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	y Committee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	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.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		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.	wo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

	FEC <b>Form 1</b> (Rev	vised 02/2009)	Page <b>3</b>
V	Vrite or Type Committee	Name	
١	NATIONAL ASSO	CIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS	S PAC (NAPEO PAC)
6.	Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
N	lational Association	ion of Professional Employer Organizations	
L			
		707 North St. Asaph Street	
	Mailing Address		
		Alexandria VA 22	2314
		CITY STATE	ZIP CODE
	Relationship: x Con	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person	in possession of committee
		hler, Thomas, M., ,	1
	Full Name	707 North St. Asaph Street	
	Mailing Address		
		Alexandria , VA , 2	2314
		Alexandria	
	Title or Position	CITY STATE	ZIP CODE
	Treasurer NAPEO PA	AC Telephone number 703	8167
3.		me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
		nler, Thomas, M., ,	ı
	of Treasurer	707 North St. Asaph Street	
	Mailing Address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
			710.0005
	Title or Position Treasurer NAPEO PAG	CITY STATE  C 703  Telephone number	ZIP CODE

FEC <b>Forn</b>	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Cleary, Pat, , ,	
Mailing Address	707 N. St. Asaph Street	
	Alexandria VA 22314	4 ZIP CODE
Title or Position Asst. Treasurer		739 - 8163
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	olds accounts, rents
	United Bank	
Mailing Address	14426 Albermarle Point Place	
	Suite 100	
	Chantilly VA 2015	-1678 
	CITY STATE	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
		1_1 1

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected C	rganization, Affiliated Committee, Joint Fu	ındraising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee	Joint Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Kapiotis, N  Full Name	by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identify Kapiotis, N	oy name, address (phone number – optional icholas, , ,		Leadership PAC Sp
esignated Agent: Identify  Kapiotis, N  Full Name	oy name, address (phone number – optional icholas, , , , , , , , , , , , , , , , , , ,		Leadership PAC Sp
esignated Agent: Identify  Kapiotis, N  Full Name	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria	) VA	22314
esignated Agent: Identify Kapiotis, N Full Name Mailing Address	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria	VA STATE A	22314 ZIP CODE <b>A</b>
esignated Agent: Identify  Kapiotis, N Full Name  Mailing Address	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria	VA STATE A	22314
esignated Agent: Identify Kapiotis, N Full Name	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria  CITY   CITY   Ses: List all banks or other depositories in whose in whose icholas is a continuous continu	VA STATE  Telephone Number	22314 ZIP CODE ▲  703 — 739 — 817
esignated Agent: Identify Kapiotis, N Full Name Mailing Address  TITLE OR POSITION Asst. Treasurer anks or Other Depositoriafety deposit boxes or mair	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria  CITY   CITY   Ses: List all banks or other depositories in whose in whose icholas is a continuous continu	VA STATE  Telephone Number	22314 ZIP CODE ▲  703 — 739 — 817
esignated Agent: Identify Kapiotis, N Full Name Mailing Address  TITLE OR POSITION Asst. Treasurer anks or Other Depositoricatety deposit boxes or main ame of Bank, epository, etc.	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria  CITY   CITY   Ses: List all banks or other depositories in whose in whose icholas is a continuous continu	VA STATE  Telephone Number	22314 ZIP CODE ▲  703 — 739 — 817
esignated Agent: Identify Kapiotis, N Full Name Mailing Address  TITLE OR POSITION Asst. Treasurer anks or Other Depositoricatety deposit boxes or main ame of Bank, epository, etc.	oy name, address (phone number – optional icholas, , ,  707 N. St. Asaph Street  Alexandria  CITY   CITY   Ses: List all banks or other depositories in whose in whose icholas is a continuous continu	VA STATE  Telephone Number	22314 ZIP CODE ▲  703 — 739 — 817