Image# 202004299232339953				PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ			FAGE 1/4 -
			0	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
House Conserva	atives PAC			
ADDRESS (number and street)	PO Box 681592			
(Check if address is changed)				
с <i>у</i>	Charlotte			216
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)	matthew@houseconse	ervativespac.com		
	Optional Second E-Mail Ad  ashleymragan@cox	ldress .net		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
. DATE 02	05 / Y Y Y Y 2019			
. FEC IDENTIFICATION		00695981		
	_	_		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	t of my knowledge and belief	it is true, correct and	d complete.
	Conuce: Motthew			
Type or Print Name of Treasu	rer Carucci, Matthew, , ,			
Signature of Treasurer Ca	rucci, Matthew, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 29 2020
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C		
	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. (Comp information below.)	lete the candidate
Name of Candidate		
Candidate Party Affiliat	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 Cor	nmittee:	
(d)		Democratic, Republican, etc.) Par
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	ected 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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	pregated fund or par
	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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name

## House Conservatives PAC

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

NONE			
Mailing Address			
	CITY	STATE	E ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represe	entative 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.

Ragan, As	hley, , ,
Full Name	
Mailing Address	2211 East Highland
	#210
	Phoenix AZ 85016   - - - -
Title or Position	CITY STATE ZIP CODE
	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	Carucci, Matthew, , ,
Mailing Address	PO Box 681592
	Charlotte NC 28216
	CITY STATE ZIP CODE
Title or Position Treasurer	

FEC Form 1 (Revised 02/2009)

																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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.

JPMo	rgan Chase	
Mailing Address	2645 8th Ave S	
	Nashville	TN
	CITY	STATE ZIP CODE
Name of Bank, Depository	etc.	
Mailing Address		
	CITY	STATE ZIP CODE