



# NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

10 9:21

Full name and complete mailing address of Non-Profit Organization:

American Beverage Association  
1101 Sixteenth Street NW  
Washington, D.C. 20036-4877

THIS FORM MAY BE TRANSMITTED BY FAX:  
**217-782-5959**  
THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

E-MAIL ADDRESS: pvaughan@ameribev.org

ORGANIZATION IDENTIFICATION NO.

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: 12/28/2010

2.  NEW ORGANIZATION  AMENDMENT  
(MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:  
Trade association representing members on issues relating to the beverage industry

4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Susan Neely President and CEO	1101 Sixteenth Street NW, Washington, D.C. 20036-4877 202-436-6725 sneely@ameribev.org
TREASURER	Mark Hammond Sr. Vice President and CFO	1101 Sixteenth Street NW, Washington, D.C. 20036-4877 202-436-7733 mhammond@ameribev.org

5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS.  
(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
Sr. Vice President and CFO	Mark Hammond	1101 Sixteenth Street NW, Washington, D.C. 20036-4877 202-436-7733 mhammond@ameribev.org

### VERIFICATION

I DECLARE THAT THIS STATEMENT OF REGISTRATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF REGISTRATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

*Susan Neely*

*Susan Neely*

December 28, 2010

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-645. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:  
STATE BOARD OF ELECTIONS  
1020 S SPRING ST  
SPRINGFIELD, IL 62704-2924