

# PRIDE PAC

www.PridePAC.org

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FED MAIL CENTER  
2019 FEB 21 AM 11:30

December 17<sup>th</sup>, 2018

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

To Whom It May Concern,

Enclosed you will find Pride PAC's Amended *FEC Form 1: Statement of Organization*. This committee intends to make independent expenditures, and consistent with the U. S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited contributions, whether direct, in-kind, or via coordinated communications, to federal candidates to committees.

Respectfully,



Michael Bracco  
Chairman & Treasurer

1234567891011121314151617181920

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

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

ADDRESS (number and street) 425 S. Clementine St.  
 (Check if address is changed) #116  
Anaheim CA 92805  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) info@pridepac.org  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) www.pridepac.org


2. DATE 12 / 17 / 2018

3. FEC IDENTIFICATION NUMBER C 00513150

4. 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.

Type or Print Name of Treasurer Michael Bracco

Signature of Treasurer  Date 12 / 17 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

**PRIDE PAC**

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

**NONE**

Mailing Address

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

**Michael Bracco**

Mailing Address

**425 S. Clementine St.**

**#116**

**Anaheim**

**CA**

**92805**

Title or Position

CITY

STATE

ZIP CODE

**Chairman & Treasurer**

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

**Michael Bracco**

Mailing Address

**425 S. Clementine St**

**#116**

**Anaheim**

**CA**

**92805**

Title or Position

CITY

STATE

ZIP CODE

**Chairman & Treasurer**

Telephone number

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

CitiBank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

9059 Sunset Boulevard

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

West Hollywood

CA

90069

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

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5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ 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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*  
 (3/2015)

*2/21/19*  
 DATE PREPARED

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