Only

STATEMENT OF

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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. Change Campaign Super PAC 1629 K Street, NW ADDRESS (number and street) Ste 300 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS adam@boldprogressives.org (Check if address is changed) Optional Second E-Mail Address accounting@boldprogressives.org COMMITTEE'S WEB PAGE ADDRESS (URL) http://boldprogressives.org (Check if address is changed) DATE 2019 C00567396 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. Green, Adam, , , Type or Print Name of Treasurer Green, Adam,,, [Electronically Filed] 01 17 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

| FF0 = | 4 (Davided 00/0000) | D 0 | |
|-----------------------------|---|--|--|
| | orm 1 (Revised 02/2009) COMMITTEE | Page 2 | |
| | 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. (Complete the candidate information below.) | | |
| Name of Candidate | | | |
| Candidate Party Affiliat | ion 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 Cor | | _ | |
| (d) | | Democratic, Republican, etc.) Party | |
| Political A | Action Committee (PAC): | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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) x | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated 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.) | | |
| Joint Fund | draising Representative: | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 | nmittees Participating in Joint Fundraiser | | |
| 1. | FEC ID number | | |
| 2. | FEC ID number | | |
| 3. | FEC ID number | | |
| 4. | | | |

| FEC Form 1 (Revi | ised 02/2009) | Page 3 |
|--|---|-----------------------------------|
| Write or Type Committee I | Name | |
| Change Cam | npaign Super PAC | |
| | ted Organization, Affiliated Committee, Joint Fundraising Representativ | e, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| ag . taa. eee | | |
| | | |
| | CITY STATE | ZIP CODE |
| | nected Organization Affiliated Committee Joint Fundraising Represen | |
| books and records. | : Identify by name, address (phone number optional) and position of the | person in possession of committee |
| Green | n, Adam, , , | |
| | 1629 K Street, NW | |
| Mailing Address | Suite 300 | |
| | Washington DC | 20006 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 202 681 - 6401 |
| . Treasurer: List the nam any designated agent (e | ne and address (phone number optional) of the treasurer of the committe e.g., assistant treasurer). | e; and the name and address of |
| Full Name Green of Treasurer | n, Adam, , , | |
| Mailing Address | 1629 K Street, NW | |
| | Suite 300 | |
| | Washington | 20006 |
| Title or Position Treasurer | CITY STATE | ZIP CODE 202 681 6401 |
| | Telephone number | |

| FFC F | 1 (Paying 0.2/2000) | | Dogo A |
|-------------------------------------|--|----------|---------------|
| FEC FOR | 1 (Revised 02/2009) | | Page 4 |
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | | 1 1 1 | |
| | CITY | STATE | ZIP CODE |
| Title or Position | Telephone | e number | |
| Name of Bank, I | Depository, etc. Bank of America 3 Dupont Circle | | |
| Mailing Address | 1 | | |
| | Washington | DC | 20036 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, I | Depository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
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