FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1 / 4

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 contact@beecompliance.co COMMITTEE'S WEB PAGE ADDRESS (URL) http://boldprogressives.org (Check if address is changed) DATE 02 2021 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] 02 18 2021 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. (Compinformation below.)	plete the candidate
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	

FEC FOII	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	I	
Agent		
Mailing Address		
	CITY STATE ZI	P CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.	accounts, rents
safety deposit bo	oxes or maintains funds.	
	Denository, etc.	
Name of Bank, I	Depository, etc.	
	Depository, etc. Bank of America	
Name of Bank, I	Bank of America	
	Bank of America	
Name of Bank, I	Bank of America 3 Dupont Circle	
Name of Bank, I	Bank of America	
Name of Bank, I	Bank of America 3 Dupont Circle Washington DC 20036	P CODE
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI	P CODE
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI	P CODE
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI	
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI Depository, etc.	
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI Depository, etc.	
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI Depository, etc.	
Name of Bank, I	Bank of America 3 Dupont Circle Washington CITY STATE ZI Depository, etc.	