Only

PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@olsonhagel.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00626119 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. , Art Pulaski, , , Type or Print Name of Treasurer , Art Pulaski, , , [Electronically Filed] 03 2018 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

FFC E	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	1 aye 2
Candidat	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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/:	2009)	Page 3
Write or Type Committee Name		1 490 0
	g Families, sponsored by the California Labor Federatio	n. AFL-CIO
	anization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	
None		
Mailing Address		
L		
L		
	CITY STATE ZIP	CODE
Relationship: Connected O	rganization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
 Custodian of Records: Identify books and records. 	by name, address (phone number optional) and position of the person in possess	sion of committee
Olson, Lance	Н., , ,	
Full Name	55 Capitol Mall, Suite 400	
Mailing Address		
L		
Ľ	Sacramento CA 95814	
Title or Position	CITY STATE ZIP	CODE
Custodian of Records		
Treasurer: List the name and a any designated agent (e.g., ass	ddress (phone number optional) of the treasurer of the committee; and the name a stant treasurer).	and address of
Full Name Pulaski, Art, , of Treasurer	, 	
	00 Grand Avenue, Suite 410	
L		
[Dakland CA94610-3561	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Telephone number 510 - 663	

	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	None, , , ,	
Mailing Address		
-		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, [Depository, etc.	
Name of Bank, [Wells Fargo Bank	
Name of Bank, [
	Wells Fargo Bank	
	Wells Fargo Bank	
	Wells Fargo Bank 400 Capitol Mall Sacramento CA 95814	ZIP CODE
	Wells Fargo Bank 400 Capitol Mall Sacramento CITY STATE	ZIP CODE
Mailing Address	Wells Fargo Bank 400 Capitol Mall Sacramento CITY STATE	ZIP CODE
Mailing Address	Wells Fargo Bank 400 Capitol Mall Sacramento CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	Wells Fargo Bank 400 Capitol Mall Sacramento CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	Wells Fargo Bank 400 Capitol Mall Sacramento CITY STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
Connected		nt Fundraising Represent	ative Leadership PAC Sp
Connected esignated Agent: Identify	Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name	Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
Connected resignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join by name, address (phone number – optional) CITY CITY	STATE A	ZIP CODE A
Connected resignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Connected resignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposito afety deposit boxes or mail lame of Bank, Glacie repository, etc.	Affiliated Committee Joint by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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(h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
<u>.</u>			
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	d Organization Affiliated Committee J	loint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify	Affiliated Committee J by name, address (phone number – optional)		tative Leadership PAC S
			tative Leadership PAC S
esignated Agent: Identify			tative Leadership PAC S
esignated Agent: Identify			tative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Benefi	ries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Benefi	composition of the property of	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	cial State Bank	STATE A Telephone Number	ZIP CODE A