Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Congressional Black Caucus PAC PO Box 75357 ADDRESS (number and street) (Check if address is changed) Washington 20013 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@evanskatz.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2020 C00147512 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. Jenkins, Earl, , , Type or Print Name of Treasurer Jenkins, Earl, , , [Electronically Filed] 02 13 2020 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

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	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.		

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Write or Type Committee Name		r age 3
Congressional Black Ca	uicus PAC	
	iliated Committee, Joint Fundraising Represei	ntative or Leadership DAC Spansor
	mated Committee, John Fundraising Represen	mative, or Leadership FAC Sponsor
CBC/CHC Victory Fund		
PO Box 75357 Mailing Address		
Ivialing Address		
. Washington]	DC 20013
	CITY ST	TATE ZIP CODE
Relationship: Connected Organization	Affiliated Committee X Joint Fundraising Rep	presentative Leadership PAC Sponsor
 Custodian of Records: Identify by name, ad- books and records. 	dress (phone number optional) and position of	of the person in possession of committee
Jenkins, Earl, , ,		1
Full Name	 et NW	
Mailing Address		
Suite 600		
Washington		DC 20036
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	202 699 - 8091
3. Treasurer: List the name and address (phone any designated agent (e.g., assistant treasure	e number optional) of the treasurer of the con r).	nmittee; and the name and address of
Full Name Jenkins, Earl, , ,		
of Treasurer		
Mailing Address 1050 17th Stree	t NW	
Suite 600		
Washington		DC 20036
Title or Decition	CITY STA	ATE ZIP CODE
Title or Position Treasurer	Telephone number	202 699 8091

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	epositories: List all banks or other depositories in which the committee deposits funds, ho	olds accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds.	
safety deposit boxes Name of Bank, Depo	Bank of America PO Box 25118	
safety deposit boxes Name of Bank, Depo	s or maintains funds. sository, etc. Bank of America	
safety deposit boxes Name of Bank, Depo	Bank of America PO Box 25118	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. Bank of America PO Box 25118 Tampa Tampa CITY STATE	
Name of Bank, Deport	Sor maintains funds. Bank of America PO Box 25118 Tampa Tampa CITY STATE	
Name of Bank, Deposit boxes Name of Bank, Deposit boxes Mailing Address Name of Bank, Deposit boxes	Sor maintains funds. Bank of America PO Box 25118 Tampa CITY STATE Tository, etc.	ZIP CODE

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

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		FEC ID	number number	C
			number	
		FEC ID		U
			number	С
		FEC ID	number	C
		For decision Box		
rganization, Amiliat	ea Committee, Joint	rundraising Rep	resentative	e, or Leadership PAC Spon
	CITY A		STATE 🛦	ZIP CODE ▲
by name, address (p	phone number – option	al)		
I				
<u> </u>				
	CITY		TATE A	ZIP CODE A
	CITY A		STATE A	ZIP CODE A
_	_	Organization Affiliated Committee		Organization Affiliated Committee Joint Fundraising Representation