Only

STATEMENT OF

PAGE 1/5

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. POWERPAC.ORG 456 MONTGOMERY ST ADDRESS (number and street) **SUITE 1350** (Check if address is changed) SAN FRANCISCO 94104 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lisa@powerpac.org (Check if address X is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C90009853 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. Le, Lisa, , , Type or Print Name of Treasurer Le, Lisa,,, [Electronically Filed] 05 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i uyo 🚣				
Can	ndidate	Committee:					
(a)	Ш	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.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(Dama avatis				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	×	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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(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				
	Com	Committees 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 Nam		•
POWERPAC.C)RG	
S. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Le, Lisa, ,	.,	
Mailing Address	456 Montgomery St	
Mailing Address	Suite 1350	
	San Francisco CA 94104	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 415 - [442 0940
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Le, Lisa, , of Treasurer	,	
Mailing Address	456 Montgomery St	
	Suite 1350	
	San Francisco CA 94104	
Title or Position	CITY STATE	ZIP CODE
Treasurer		442 - 0940

FEC Form 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	
Mailing Address	
CITY STATE ZIP	CODE
Title or Position Telephone number Telephone number	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accepted deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of America	counts, rents
1640 Van Ness Avenue	
Mailing Address	
San Francisco CA 94109	
CITY STATE ZIP	CODE
Name of Bank, Depository, etc.	
Mailing Address	
CITY STATE ZIP	

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

This is an amended committee information not a new committee report.

Form/Schedule: Transaction ID: