**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mind the Gap, Inc 855 El Camino Real ADDRESS (number and street) Ste 13A #235 (Check if address is changed) Palo Alto 94301 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address reporting@premier-compliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2024 C00683649 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Gottlieb, Graham, D.,, Gottlieb, Graham, D.,, Date 01 31 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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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TYPE OF COMMITTEE:	
Candidate 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 candinformation below.)	didate
Name of Candidate	
Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
Corporation Corporation w/o Capital Stock Labor Organiz	ation
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 segregated function committee. (i.e., nonconnected committee)	I or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) X This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
Committees Participating in Joint Fundraiser	
1. C	

l	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name				<u> </u>
	Mind the Gap, In				
3.		rganization, Affiliated Committee, Joint Fundra	aising Repres	sentative, or Leade	ership PAC Sponsor
	NONE				
	Mailing Address				
		CITY ▲		TATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Join	nt Fundraising F	Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) a	and position of	the person in posses	ssion of committee
	Gottlieb, G Full Name	raham, D., ,			
	Mailing Address	855 El Camino Real			
				0.4	
		Palo Alto		CA 94301	
		CITY ▲	S	STATE A	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	Tel	lephone numb	er	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treassistant treasurer).	asurer of the c	committee; and the	name and address of
	Full Name Gottlieb, G of Treasurer	raham, D., ,		1 1 1 1 1 1	
	Mailing Address	855 El Camino Real			
		Ste 13A #235			
		Palo Alto		CA 9430	1
		CITY ▲	S	STATE A	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	Tel	lephone numb	er	

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
	Telep	phone number	
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the maintains funds.	e committee deposits funds, l	nolds accounts, rents
Name of Bank, Deposit	ory, etc.		
	algamated Bank		
Mailing Address			
	Westinger	DC 200	
	Washington	DC 200	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposit	ory, etc.		
Live	Oak Bank		
Mailing Address	1757 Tiburon Drive		
	Wilmington	NC 284	03
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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Organization, Affiliated Co	ommittee, Joint Fun	draising Representat	tive, or Leadership PAC Spon
		07775	7/D 0005 4
	III Y <b>A</b>	SIAIE	▲ ZIP CODE ▲
Organization Affiliated by name, address (phone		nt Fundraising Represe	entative Leadership PAC Sp
		In Fundaising Represe	
by name, address (phone	number – optional)		
by name, address (phone	number – optional)	STATE A	
		CITY A	Organization, Affiliated Committee, Joint Fundraising Representate