FEC FORM 1	STATEMEN ORGANIZA	_	PA Office Use Only	GE 1 / 4
1. NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Hooper, Lun	dy, & Bookman PC P	olitical Action Co	mmittee	
ADDRESS (number and	street) 401 9th Street, NW			
(Check if ad is changed)	dress Suite 550			
	Washington └ │ │ │ │ │ │ │ │ │ CITY ▲		DC 20004 - STATE ▲ ZIP CC	
COMMITTEE'S E-MAIL	ADDRESS			
(Check if ad is changed)	dress kdelmore@health-law.o	com		
	Optional Second E-Mail Add	ress om		1
COMMITTEE'S WEB F (Check if ad is changed)	AGE ADDRESS (URL) dress			
2. DATE 11	/ D D / Y Y Y Y 15 2022			
3. FEC IDENTIFICA	TION NUMBER ► C cc	0548404		
4. IS THIS STATEME	NEW (N) OR	× AMENDED (A)		
I certify that I have exa	amined this Statement and to the best	of my knowledge and belief it is	s true, correct and complete.	
Type or Print Name of	Treasurer Corry, Martin, , ,			
Signature of Treasurer	Corry, Martin, , ,	[Electronically Filed]	Date 11 / 15	2022
NOTE: Submission of fa	se, erroneous, or incomplete information i ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		U.S.C. §30109.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		_

Image# 202211159546789140

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	emocratic, epublican, etc.) Party
Political Action Committee (PAC):	
(e) x This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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)	segregated 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.)	
(g) 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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
(j) Committees Participating in Joint Fundraiser
2.

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Write or Type Committee Name

Hooper, Lundy, & Bookman PC Political Action Committee

6.	Name of Any Connected Or Hooper, Lundy, & Bo	-						g Re	pre	senta	tive,	or	Lea	der	ship	PA	C Sp	on	sor	
	Mailing Address	401 9th Street NW																		
		Suite 550																		
		Washington											200	004			- [_			
			CITY							STATI	■ ▲				ZIF		DDE			
	Relationship: X Connected	Organization Affil	iated Orga	anizatio	n	Joii	nt Fur	ndrais	sing	Repre	esent	ativ	e		Lea	dersl	nip P	ΆC	Spor	ısor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Delmore,	Kelly, , ,	
Full Name		
Mailing Address	401 9th Street, NW	
	Suite 550	
	Washington	
		STATE ▲ ZIP CODE ▲
Title or Position ▼		
Principal		none number $\begin{array}{c} 202 \\ \hline \end{array} - \begin{array}{c} 580 \\ \hline \end{array} - \begin{array}{c} 7704 \\ \hline \end{array}$

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Corry, Martin, , ,
of Treasurer	
Mailing Address	401 9th Street, NW
	Suite 550
	Washington DC 20004
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Chair	Image:

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Full Name of Designated Agent									[1	
Mailing Address																												
	L																											
																									L			
							С	ΤY								:	STA	λΤΕ				ZI	P(ЭЕ			
Title or Position ▼																												
												Tel	eph	one	ə n	umt	ber				- [

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Come	rica Bank		1
Mailing Address	2029 Century Park East		
	Suite 800		
	Los Angeles	CA 90067	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
-			
	CITY A	STATE A	ZIP CODE ▲