FEC

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. Swalwell for America P.O. Box 2966 ADDRESS (number and street) (Check if address is changed) Dublin 94568 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chrishiggenbotham@gmail.com (Check if address is changed) Optional Second E-Mail Address swalwell@millerpoliticallaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) ericswalwell.com (Check if address is changed) DATE 08 2019 C00701698 FEC IDENTIFICATION NUMBER > 3. 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. Pandell, Jerome, C.,, Type or Print Name of Treasurer Pandell, Jerome, C.,, [Electronically Filed] 04 08 2019 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 Only

Local 202-694-1100

	FFC F 0	1 (Paying 10(000))	Dogo 2
		OMMITTEE	Page 2
		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. (Corinformation below.)	nplete the candidate
Nam Can	ne of didate	Swalwell, Eric, Michael, ,	
	didate y Affiliati	on DEM Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	ne of didate		
Par	ty Con	nmittee:	(Dama anatia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction 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)		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	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees 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 Nar	ne	
Swalwell for A	merica	
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Sponso
Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the	e person in possession of committe
Pandell,	Jerome, C., ,	
Mailing Address	P.O. Box 2966	
Mailing Address		
	Dublin	94568
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	916 5180
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committed assistant treasurer).	ee; and the name and address of
Full Name Pandell, of Treasurer	Jerome, C., ,	
Mailing Address	P.O. Box 2966	
	Dublin CA	94568
Title or Position	CITY STATE	ZIP CODE
Treasurer		916 254 5180

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, I	U.S. Bank	
	Depository, etc. U.S. Bank	
Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814	
Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE	
Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE	
Mailing Address Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE Depository, etc.	
Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE Depository, etc.	
Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. U.S. Bank 621 Capitol Mall Suite 110 Sacramento CA 95814 CITY STATE Depository, etc.	