| Image# 20171220908929219 | 90 | | | PAGE 1 / 4 |
|--|--|---|-----------------------|---------------------------------|
| FEC FORM 1 | STATEME ORGANIZ | _ | Off | ice Use Only |
| 1. NAME OF | (Check if name | Example:If typing, type | 12FE4M5 | |
| COMMITTEE (in full) | is changed) | over the lines. | TTLTHI | |
| State Street Ba | ank and Trust Cor | npany Voluntary I | Political Acti | on Committee |
| | | | | |
| | Box 5351 | | | |
| ADDRESS (number and stre | | | | |
| (Check if addres is changed) | S | | | |
| | Boston | | | D6 |
| | CITY A | | STATE A | ZIP CODE |
| COMMITTEE'S E-MAIL AD | DRESS | | | |
| (Check if addres | | eet.com | | 1 |
| is changed) | | | | |
| | Optional Second E-Mail A victoria.perrone@s | Address kadden.com | | |
| | | | | |
| | | | | |
| COMMITTEE'S WEB PAGE | | | | |
| is changed) | | | | |
| | | | | |
| | | | | |
| 2. DATE 12 | 20 / Y Y Y Y 20 2017 | | | |
| 3. FEC IDENTIFICATIO | N NUMBER ► | C00072751 | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| L certify that I have examin | and this Statement and to the be | st of my knowledge and bolief i | t is true correct and | complete |
| 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 Trea | asurer Tuomivaara, Lisa, , , | | | |
| Signature of Treasurer | Tuomivaara, Lisa, , , | [Electronically Filed] | Date 12 | 20 / Y Y Y Y 20 2017 |
| NOTE: Submission of false, | erroneous, or incomplete informatic ANY CHANGE IN INFORMA | n may subject the person signing TION SHOULD BE REPORTED \ | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

12/20/2017 12 : 42

| - | | | | |
|--|-----------------------|---|------------------------------------|--|
| F | FEC Fo | rm 1 (Revised 02/2009) | Page 2 | |
| TYPE | E OF C | OMMITTEE | | |
| 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 candid information below.) | | | e the candidate | |
| Name Cand | e of lidate | | | |
| | lidate / Affiliati | on Office Sought: House Senate President | State | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name Cand | e of lidate | | | |
| Parl | ty Con | nmittee: | | |
| (d) | | | mocratic, publican, etc.) Party | |
| Poli | tical A | ction Committee (PAC): | | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | ted organization is | |
| | | Corporation V/o Capital Stock | abor Organization | |
| | | Membership Organization Trade Association C | ooperative | |
| | | 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 fund or party committee. (i.e., nonconnected committee) | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | |
| Join | t Func | Iraising Representative: | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate. | r more political | |
| Committees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number | | |
| | 2. | FEC ID number | | |
| | 3. | FEC ID number | | |
| | 4. | FEC ID number | | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

State Street Bank and Trust Company Voluntary Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| S | State Street Bank and | Trust Company | |
|----|--|--|-----------------------|
| | | | |
| | Mailing Address | One Lincoln Street | |
| | | | |
| | | Boston MA 02111 | |
| | | CITY STATE | ZIP CODE |
| | Relationship: x Connected | Organization Affiliated Committee Joint Fundraising Representative Le | adership PAC Sponsor |
| 7. | Custodian of Records: Iden books and records. | ify by name, address (phone number optional) and position of the person in po | ssession of committee |
| | Tuomivaara | a, Lisa, , , | |
| | Full Name | One Lincoln Street | |
| | Mailing Address | | |
| | | | |
| | | Boston MA 02111 | |
| | Title or Position | CITY STATE | ZIP CODE |
| | Treasurer | Image: Image of the second | 664 – 8773 |

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 of Treasurer | Tuomivaara, Lisa, , , |
|--------------------------------|-------------------------------|
| Mailing Address | |
| | |
| | Boston |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 617 664 8773 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated | Ossoff, Benjamin, , , | _ |
|----------------------------|---------------------------------|---|
| Agent | | |
| Mailing Address | One Lincoln Street | |
| | | |
| | Boston MA 02111 | |
| | CITY STATE ZIP CODE | |
| Title or Position | rer Telephone number 6176647971 | |

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.

| | Santander Bank NA | |
|------------------|--------------------|----------------|
| Mailing Address | 176 Federal Street | |
| | | |
| | Boston | MA 02110 - |
| | CITY | STATE ZIP CODE |
| Name of Bank, De | epository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |