FEC FORM 1		STATEMEI ORGANIZ		O	PAGE 1 / 4 ——
1. NAME OF COMMITTEE (in fu	ll)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Committee fo	or Isra				
		P.O. Box 51223			
ADDRESS (number and	street)				
(Check if add	dress	1			
is changed)		Washington	· · · · · · · · · · · · · · · · · · ·	DC 200	91
				L L⊥ STATE ▲	
COMMITTEE'S E-MAIL	ADDRES	SS			
(Check if add is changed)	dress	npollak@gmail.com			
Ç, ,		Optional Second E-Mail Ad	dress		
(Check if add is changed)	lress	www.ecipac.com			
2. DATE 01	/ D 30	2018			
3. FEC IDENTIFICAT	tion Nu	MBER ► C c	00490409		
4. IS THIS STATEME	NT	NEW (N) OR	× AMENDED (A)		
I certify that I have exa	mined thi	s Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of	Treasurer	Goldfarb, Michael, , ,			
Signature of Treasurer	Goldfa	rb, Michael, , ,	[Electronically Filed]	Date 01	D D / Y Y Y Y 30 2018
NOTE: Submission of fals			may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE (DF COMMITTEE	
Candi	date 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. (Com information below.)	plete the candidate
Name o Candida		
Candida Party A		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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 se 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
(Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
:	2 FEC ID number C	
;	3 FEC ID number C	
	4.	

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Write or Type Committee Name

Committee for Israel PAC

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number c	optional) and position of the persc	on in possession of committee
books and records.		optional) and position of the persc	on in possession of committee
books and records.		optional) and position of the perso	on in possession of committee

	Washington		20091
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		elephone number	02 600 - 6220

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	Goldfarb, Michael, , ,		
of Treasurer			
Mailing Address	P.O. Box 51223		
	Washington DC 20091 – / <th <="" th=""> <th <="" th=""> <</th></th>	<th <="" th=""> <</th>	<
	CITY STATE ZIP CODE		
Title or Position Treasurer	Telephone number 202 600 6220		

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Full Name of Designated Agent	Pollak, Noah, , ,	
Mailing Address	P.O. Box 51223	
	Washington DC 20091	
	CITY STATE ZIP CODE	
Title or Position	rer Telephone number = 600 6220	

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.

TD Ba	nk		
Mailing Address	1753 Connecticut Avenue, NW		
	Washington	DC 20009 – – – – – – – – – – – – – – – – – –	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	