FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4	
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5	
	,1301 Avenue of the Americas		
ADDRESS (number and street			
(Check if address is changed)	New York CITY ▲	NY 10019 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)	randy.nuckolls@dentons.com		
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL)		
2. DATE 01 /	D D / Y Y Y Y 30 / 2019		
3. FEC IDENTIFICATION	NUMBER ► C C00547216		
4. 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.			
Type or Print Name of Treasurer Korn, Leonard, E, ,			
Signature of Treasurer	orn, Leonard, E, , [Electronically Filed]	Date 01 / D D / Y Y Y Y 30 2019	
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 Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		

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TYPE	E OF C	COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.)			
Name Cand			
Cand Party	lidate Affiliati	ion Office Sought: House Senate President District	+
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) F	Party
Polit	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is :
		Corporation Corporation w/o Capital Stock Labor Organizati	on
		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 fund or pa 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.)	
Joint	t Fund	draising Representative:	
(g)		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.	
(h)		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.	
Committees Participating in Joint Fundraiser			
	1.	FEC ID number	_
	2.	FEC ID number	
	3.	FEC ID number	_
	4.	FEC ID number	

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Write or Type Committee Name

COHNREZNICK LLP POLITICAL ACTION COMMITTEE

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

N				
L				
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number option	al) and position of the person ir	1 possession of committee
	Dietz, Thor	npson, Micheal, ,		
		4 Becker Farm Road		
	Mailing Address			
		Roseland	NJ070	68
	Title or Position	CITY	STATE	ZIP CODE
	Assistant Treasurer	Te	elephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasistant treasurer).	asurer of the committee; and th	e name and address of
	Full Name Korn, Leona of Treasurer	ard, E, ,		
	Mailing Address	4 Becker Farm Road		

NJ

STATE

Telephone number

07068

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|-

|_

ZIP CODE

Roseland

Title or Position

CITY

1

Full Name of Designated Agent	Dietz, Thompson, Michael, ,	
Mailing Address	4 Becker Farm Road	
	Roseland NJ 07068	
	CITY STATE ZIP CODE	

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.

M&T B	ank		
Mailing Address	25 S. Charles Street		
	19th Floor		
	Baltimore	MD	21201
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE