| FEC<br>FORM 1  | STATEMENT OF<br>ORGANIZATION  | PAGE 1 / 5                          |
|--|---|-------------------------------------|
| 1. NAME OF<br>COMMITTEE (in full)                          | (Check if name<br>is changed) Example: If typing, type<br>over the lines.                                       | 12FE4M5                             |
| Listening for A (  | Change PAC  |                                     |
|  |   |                                     |
| ADDRESS (number and street)                                | P.O. Box 1203   |                                     |
| (Check if address is changed)                              |   |                                     |
| is changed,  | Harrisonburg  | VA  22803    STATE ▲  ZIP CODE ▲    |
| COMMITTEE'S E-MAIL ADDR                                    | RESS  |                                     |
| (Check if address is changed)                              | samm24@aol.com  |                                     |
|  | Optional Second E-Mail Address  |                                     |
| COMMITTEE'S WEB PAGE A<br>(Check if address<br>is changed) | ADDRESS (URL)   |                                     |
| 2. DATE 05 /   | 09 / Y Y Y Y 2017   |                                     |
| 3. FEC IDENTIFICATION                                      | NUMBER ► C C00619213  |                                     |
| 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   | f it is true, correct and complete. |
| Type or Print Name of Treasu                               | Irer Degner, Kai, , ,   |                                     |
| Signature of Treasurer                                     | gner, Kai, , , [Electronically Filed]   | Date 05 09 / Y Y Y Y<br>09 2017     |
| NOTE: Submission of false, erro                            | oneous, or incomplete information may subject the person signin<br>ANY CHANGE IN INFORMATION SHOULD BE REPORTED |                                     |
| Office<br>Use<br>Only                                      | For further information<br>Federal Election Comm<br>Toll Free 800-424-9530<br>Local 202-694-1100                |                                     |

| -  |  |  |  |  |  |
|--|--|--|--|--|--|
| FEC FC                                       | orm 1 (Revised 02/2009)  | Page <b>2</b>                          |  |  |  |
| TYPE OF C                                    | COMMITTEE  |  |  |  |  |
| 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. (Comp<br>information below.)   | lete the candidate                     |  |  |  |
| Name of<br>Candidate                         |  |  |  |  |  |
| Candidate<br>Party Affiliat                  | ion Office Sought: House Senate President  | State District                         |  |  |  |
| (c)  | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |
| Name of<br>Candidate                         |  |  |  |  |  |
| Party Cor                                    | nmittee:   |  |  |  |  |
| (d)  |  | Democratic,<br>Republican, etc.) Party |  |  |  |
| Political A                                  | Action Committee (PAC):  |  |  |  |  |
| (e)  | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr  | nected organization is                 |  |  |  |
|  | Corporation Corporation w/o Capital Stock  | Labor Organization                     |  |  |  |
|  | Membership Organization Trade Association  | Cooperative                            |  |  |  |
|  | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |
| (f) <b>x</b>                                 |  |  |  |  |  |
|  | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |
|  | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |  |  |  |
| Joint Fund                                   | draising Representative:   |  |  |  |  |
| (g)  | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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.         | o or more political                    |  |  |  |
| 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

## Listening for A Change PAC

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

| N  | IONE                                  |                             |                                   |                      |             |             |               |                |              |                  |        |
|----|---------------------------------------|-----------------------------|-----------------------------------|----------------------|-------------|-------------|---------------|----------------|--------------|------------------|--------|
|    |                                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    | Mailing Address                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    | Maining Address                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    |                                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    |                                       |                             |                                   |                      | ITY         |             |               | STATE          | 71           | P CODE           |        |
|    | Relationship:                         | Connected                   | Organization                      | Affiliated           | l Committee | Joint       | Fundraising   | Representativ  | ve Leade     | ership PAC Sp    | onsor  |
| 7. | Custodian of Re<br>books and record   |                             | tify by name, a                   | address (pho         | one numbe   | optiona     | I) and positi | on of the pers | son in posse | ssion of comn    | mittee |
|    | Full Name                             |                             |                                   |                      |             |             |               |                |              |                  |        |
|    | Mailing Address                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    |                                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    |                                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    | Title or Position                     |                             |                                   | C                    | ITY         |             |               | STATE          | ZII          | P CODE           |        |
|    |                                       |                             |                                   |                      |             | Tel         | ephone nun    | nber           |              |                  |        |
| 8. | Treasurer: List the any designated ac | e name and<br>gent (e.g., a | l address (pho<br>ssistant treasu | ne number -<br>rer). | optional)   | of the trea | surer of the  | committee; a   | nd the name  | and address      | of     |
|    | Full Name<br>of Treasurer             | Degner, Ka                  | i, , ,                            |                      |             |             |               |                |              |                  |        |
|    | Mailing Address                       |                             | P.O. Box 1203                     | 3                    |             |             |               |                |              | <u>         </u> |        |
|    |                                       |                             |                                   |                      |             |             |               |                |              |                  |        |
|    |                                       |                             | Harrisonburg                      | CI                   | <br>TY      |             |               | VA<br>STATE    | 22803<br>ZIF | P CODE           |        |
| L  | Title or Position                     |                             |                                   |                      |             | Tele        | ephone num    | ber 540        | 0<br>324     | 4 952            | 24     |

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| Full Name of<br>Designated<br>Agent | McGrady, Sonya, , ,   |   |
|-------------------------------------|-----------------------|---|
| Mailing Address                     | 1707 N Charles Street |   |
|                                     |                       |   |
|                                     | Baltimore MD 21201    |   |
|                                     | CITY STATE ZIP CODE   |   |
| Title or Position                   | Irer       6420       | 0 |

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.

| Union                     | Bank & Trust  |       |          |
|---------------------------|---------------|-------|----------|
| Mailing Address           | 440 S Main St |       |          |
|                           |               |       |          |
|                           | Harrisonburg  |       | 22801    |
|                           | CITY          | STATE | ZIP CODE |
| Name of Bank, Depository, | etc.          |       |          |
|                           |               |       |          |
| Mailing Address           |               |       |          |
|                           |               |       |          |
|                           |               |       |          |
|                           | CITY          | STATE | ZIP CODE |

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: