PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Congressional Progressive Caucus PAC PO Box 75357 ADDRESS (number and street) (Check if address is changed) Washington 20013 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@evanskatz.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00513176 FEC IDENTIFICATION NUMBER > 3. X 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. Evans, Diane, , , Type or Print Name of Treasurer Evans, Diane, , , [Electronically Filed] 07 12 2017 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

Local 202-694-1100

Only

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Joir	nt Fund	raising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ime	
Congressiona	l Progressive Caucus PAC	
	d Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
	Diane, , ,	
Full Name	PO Box 75357	
Mailing Address		
	Washington	20013
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 548 - 0880
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committ	tee; and the name and address of
Full Name Evans, of Treasurer	Diane, , ,	
Mailing Address	PO Box 75357	
	Washington	20013
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 548 - 0880

1 20 1 01	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hooxes or maintains funds. Depository, etc.	
safety deposit to Name of Bank,	Depository, etc. Amalgamated Bank 1275 Seventh Avenue	<u> </u>
safety deposit b	Depository, etc. Amalgamated Bank 1275 Seventh Avenue	
safety deposit to Name of Bank,	Depository, etc. Amalgamated Bank 1275 Seventh Avenue	01
safety deposit to Name of Bank,	Depository, etc. Amalgamated Bank 275 Seventh Avenue	01 ZIP CODE
safety deposit to Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 Seventh Avenue New York NY 1000	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 Seventh Avenue New York NY 1000 CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 Seventh Avenue New York NY 1000 CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 Seventh Avenue New York CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 275 Seventh Avenue New York CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 275 Seventh Avenue New York CITY STATE Depository, etc.	