FEC FORM 1		STATEMEI ORGANIZ			PAGE 1 / 4
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number a	nd street)	150 POST STREET, SUITE	405 		
(Check if a is changed					
is changed	u)	SAN FRANCISCO			94108
		CITY ▲		STATE ▲	ZIP CODE A
COMMITTEE'S E-M	AIL ADDRES	3S			
(Check if a is changed					
	- /	Optional Second E-Mail Ad	ldress		
COMMITTEE'S WEE (Check if a is changed	address	ress (URL)			
2. DATE 0	9 / D 13	D / Y Y Y Y 2022			
3. FEC IDENTIFIC	CATION NU	MBER ► C c	00632588		
4. IS THIS STATE		NEW (N) OR	× AMENDED (A)		
I certify that I have a	examined thi	s Statement and to the best	t of my knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	BUTTGENBACH, THOMAS,	, , ,		
Signature of Treasure	er BUTTO	GENBACH, THOMAS, , ,	[Electronically Filed]	Date 09	1 / D D / Y Y Y Y 16 2022
NOTE: Submission of	false, errone		may subject the person signing t TION SHOULD BE REPORTED		
Office Use Only			For further information constraints Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF 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. (Complininformation below.)	ete the candidate
Name of Candidate	
CandidateOfficeParty AffiliationSought:HouseSenate	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
	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 segricommittee. (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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hyb	orid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

(i) 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.
(j) 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.
(j) Committees Participating in Joint Fundraiser
2.

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I	FEC Form 1	(Revise	ed 02	/200	9)																									F	Page	e 3		
۷	Vrite or Type Comm	ittee Na	ıme																															
	AVANTU	S LI	LC	P	AC	,																												
6.	Name of Any Co	nnected	d Org	janiz	atio	n, A	ffili	iate	d C	com	nmi	ttee	e, J	loir	nt F	un	dra	isir	ng	Rep	res	sen	tat	ive	, or	Le	ead	ers	hip	PA	C :	Spc	onse	or
	None																																	
	Mailing Address																																	
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	Relationship:	Connec	ted C	Organ	izatio	on		Affi	liate	ed C	Drga	iniz	atio	n	Ľ	J	oin	t Fu	Indr	aisi	ng	Rep	ores	ent	ativ	e	I		Lea	ders	ship	PA	c s	ponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

BUTTGEN	BACH, THOMAS, , ,		
Full Name			
Mailing Address	150 POST STREET, SUITE 405		
		CA 94108	
		STATE 🔺	ZIP CODE
Title or Position ▼			
Custodian of Records	Telephone n	umber 415 – [732 - 7700

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	BUTTGENBACH, THOMAS, , ,													
of Treasurer														
Mailing Address	150 POST STREET, SUITE 405													
	SAN FRANCISCO CA 94108													
	CITY ▲ STATE ▲ ZIP CODE ▲													
Title or Position ▼														
Treasurer 415 732 7700 Telephone number - - - -														

FEC Form 1	(Revised 0)2/2	200	9)																			[Pag	je 4	4	
Full Name of Designated Agent	None, , , ,																										
Mailing Address		L																									
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		L																							·		
								Cľ	ΤY							:	ST/	λΤΕ				Z	Р (COL	DE		
Title or Position	▼																										
												Tel	eph	one	e n	umt	ber				· L				·		

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.

	WELLS FARGO BANK, N.A.		1
Mailing Address			
		CA 9410	04
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, [
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲