FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Progressive Action PAC PO Box 75357 ADDRESS (number and street) (Check if address is changed) Washington 20002 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 05 2015 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. Type or Print Name of Treasurer Diane Evans [Electronically Filed] 80 2015 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

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		OMMITTEE					
	naidate	idate 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. (Compinformation below.)	lete the candidate				
	ne of didate						
	didate y Affiliatio	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
	ne of didate						
Par	rty Con	nmittee:	_				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.				
Pol	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	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)	NZ.	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	gregated fund or party				
(f)	X	committee. (i.e., nonconnected committee)	regated fulld of 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.	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				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee N		90
Progressive A		
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
	Evans	
Full Name	PO Box 75357	
Mailing Address		
	Washington , DC	20002
] [
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 548 - 0880
B. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	tee; and the name and address of
Full Name Diane	Evans	
of Treasurer	PO Box 75357	
Mailing Address		
	Washington DC	1 120002
	Washington DC CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	202 - 548 - 0880

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Full Name of			
Designated Agent			
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
Banks or Othe safety deposit to Name of Bank,	oxes or main Depository, e		s accounts, rents
safety deposit b	Depository, e	ntains funds.	s accounts, rents
safety deposit t Name of Bank,	Depository, e	atains funds. etc. 1799 Columbia Rd NW	s accounts, rents
safety deposit t Name of Bank,	PNC	atains funds. etc. 1799 Columbia Rd NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address	PNC	atains funds. etc. 1799 Columbia Rd NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address	PNC Depository, e	atains funds. etc. 1799 Columbia Rd NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address Name of Bank,	PNC Depository, e	atains funds. etc. 1799 Columbia Rd NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address Name of Bank,	PNC Depository, e	atains funds. etc. 1799 Columbia Rd NW Washington CITY STATE	