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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Oath Inc. Political Action Committee (Oath: PAC) 1750 Pennsylvania Ave NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pleeman@ddcpublicaffairs.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2018 C00380535 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. Harrelson Graham, Leah, , , Type or Print Name of Treasurer Harrelson Graham, Leah, , , [Electronically Filed] 06 2018 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. FEC FORM 1

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

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	COMMITTEE  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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) <b>x</b>	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	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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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	nmittees 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 Name			5
Oath Inc. Politic	cal Action Committee	e (Oath: PAC)	
	Organization, Affiliated Committee, Jo	,	e, or Leadership PAC Sponsor
Oath Inc.			
	1750 Pennsylvania Ave NW		
Mailing Address			
	Suite 600 Washington	DC	20006
	CITY	STATE	ZIP CODE
Relationship: <b>x</b> Connected	d Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of the	person in possession of committee
Boyd, Apri	il,,,		
	1750 Pennsylvania Ave NW		
Mailing Address	Suite 600		
	Washington	DC	20006
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	202 591 - 5441
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) o assistant treasurer).	f the treasurer of the committe	e; and the name and address of
Full Name Boyd, April of Treasurer	l, , ,		
Mailing Address	1750 Pennsylvania Ave NW		
	Suite 600		
	Washington	DC	20006
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 591 - 5441

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Full Name of Designated Agent Harre	elson Graham, Leah, , ,	
Mailing Address	1750 Pennsylvania Ave NW	
	Suite 600	
		DC 20006  TATE ZIP CODE
Title or Position Assistant Treasurer	Telephone number	er 202 – 777 – 1047
safety deposit boxes or Name of Bank, Deposite	ory, etc.	
Name of Bank, Deposite	maintains funds.	
Name of Bank, Deposite	maintains funds. ory, etc.  ok of America	
Name of Bank, Deposite	maintains funds. ory, etc.  ok of America	DC   20003   -
Name of Bank, Deposite	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington	DC 20003 — — TATE ZIP CODE
Name of Bank, Deposite	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington  CITY  S	
Name of Bank, Deposite  Ban  Mailing Address	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington  CITY  Si ory, etc.	
Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington  CITY  S	
Name of Bank, Deposite  Ban  Mailing Address	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington  CITY  Si ory, etc.	
Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington  CITY  Si ory, etc.	
Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite	maintains funds. ory, etc.  nk of America  201 Pennsylvania Ave. SE  Washington  CITY  Si ory, etc.	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
3.		Organization, Affiliated Committee, Joint Fundraications Inc. Political Action Committee		
	Mailing Address	1300 I St NW, Ste 500 East		
		Washington	DC DC	20005
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		ZIP CODE <b>A</b>
3.	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE A	