Image# 201810109124449350				10/10/2018 13 . 34
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 9
				e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Jackie Speier fo	r Congress			
	_			
ADDRESS (number and street)	PO BOX 112			
(Check if address				
is changed)	BURLINGAME		CA9401 ²	1
			STATE ▲	
COMMITTEE'S E-MAIL ADDR			L	
 (Check if address is changed) 				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)		™ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
	05 ⁷ Y Y Y Y 2018			
3. FEC IDENTIFICATION 1	NUMBER ► C C	00443705		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
Type or Print Name of Treasu	rer MILLER, RUSSELL, , ,			
Signature of Treasurer MII	LLER, RUSSELL, , ,	[Electronically Filed]	Date 10	05 / Y Y Y Y 2018
NOTE: Submission of false, erro		may subject the person signing to ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	n F	EC FORM 1 (Revised 06/2012)

10/10/2018 13 : 34

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FE	EC For	rm 1 (Revised 02/2009) Page 2	
		OMMITTEE	
Cand	lidate	e 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. (Complete the candidate information below.)	e
Name Candio		Speier, Jackie, , ,	
Candic Party	date Affiliatio	on DEM Office Sought: K House Senate President District	CA 14
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candic			
Party	Com	nmittee:	
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) F	Party.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
		Corporation Corporation w/o Capital Stock Labor Organization	on
		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 segregated fund or p committee. (i.e., nonconnected committee)	oarty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		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.	
(h)		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.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Jackie Speier for Congress

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

Swalwell-Speier Victor	y Fund	
Mailing Address	PO Box 2847	
	Dublin	CA 94568
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee	ng Representative Leadership PAC Sponsor

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

PESSNER	, KIRK ALAN, , ,
Full Name	
Mailing Address	20 PARK ROAD, STE E
	BURLINGAME CA 94010 - - - -
Title or Position	CITY STATE ZIP CODE
Assistant Treasurer	Telephone number 650 401 8735

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 of Treasurer	MILLER, RUSSELL, , ,
Mailing Address	20 PARK ROAD, STE E
	BURLINGAME
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 650 - 401 - 8735

Full Name of Designated Agent	YESSNER, KIRK ALAN, , ,	
Mailing Address	20 PARK ROAD, STE E	
	CITY STATE ZIP CODE	
Title or Position _I Assistant Treasu	r 650 401 8735	I

Name of Bank, Depository, etc.

	Bank of the West		
Mailing Address	149 Park Road		
	Burlingame	CA94010	
	CITY	STATE ZIP CODE	
Name of Bank, D	epository, etc.		
	US Bank		
	621 Capitol Mall Ste 800		_
Mailing Address			
	Sacramento	CA95814	
	CITY	STATE ZIP CODE	

Ima	age# 201810109124449354			
	FEC Form 1S (Revised 02/20	Optional Supplemental Ir for Lines 5(g) or (h), 6, 8		Page _5_ of 9
5(g)) or (h). Joint Fundraising	3 Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Func	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee Join	nt Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE
		<u>, , , , , , , , , , , , , , , , , , , </u>	Telephone Number	

Name of Bank, Boston Depository, etc.	Private Bank and Trust Company		
Mailing Address	160 Bovet Road		
	San Mateo	CA	94402
	CITY 🔺	STATE A	ZIP CODE 🔺

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	FEC Form 1S (Revised 02/201	Optional Supplemental Inf17)for Lines 5(g) or (h), 6, 8 a		Page of
5(g)	or(h). Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected On	rganization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Mailing Address	L		
	Relationship:		L STATE ▲	
	Connected C	Drganization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify b	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION ▼	CITY ▲	STATE A	ZIP CODE
		Te	elephone Number	

Name of Bank, Capital Depository, etc.	One 360														
Mailing Address	P.O. Box 60														
	Saint Cloud						ЛN	5	630	2			- [_		
		CITY 🔺			ę	STAT	E 🔺			Z	IP (COD	E 🔺		I

Imag	je# 201810109124449356			
	EC Form 1S (Revised 02/20	17) Optional Supplemental Infor for Lines 5(g) or (h), 6, 8 ar		Page _7_ of 9
5(g) c	or (h). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative	or Leadership PAC Sponsor
	Mailing Address			
		1		
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee Joint Fi	undraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify b	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		Tele	phone Number	

Name of Bank, First Fo Depository, etc.	undation Bank		
Mailing Address	1601 Response Road #190		
			95815
	CITY A	STATE A	ZIP CODE 🔺

Image# 201810109124449357							
F	EC Form 1S (Revised 02/20	optional Supplemental Inform for Lines 5(g) or (h), 6, 8 and	ation /or 9	Page <u>8</u> of 9			
5(g) o	or (h). Joint Fundraising	Participant:					
	1	F	EC ID number				
	2.	F	EC ID number				
	3.	F	EC ID number				
	4.	F	EC ID number				
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraisin	g Representative, or Leade	ership PAC Sponsor			
	Mailing Address						
		L					
	Relationship:		STATE A	ZIP CODE			
	Connected	Organization Affiliated Committee Joint Func	Iraising Representative	Leadership PAC Sponsor			
8.	8. Designated Agent: Identify by name, address (phone number – optional)						
	Full Name						
	Mailing Address						
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE			
		Telepho	one Number				

Name of Bank, Wells F Depository, etc.	argo Bank			
Mailing Address	4767 Hopyard Road			
	Pleasanton			94588
	CIT	Y 🔺	STATE A	ZIP CODE

Image# 201810109124449358						
	FEC Form 1S (Revised 02/20	Optional Supplemental Ir for Lines 5(g) or (h), 6, 8		Page _9_ of 9		
5(g)	or(h). Joint Fundraising	ı Participant:				
	1.		FEC ID number	С		
	2.		FEC ID number	С		
	3.		FEC ID number	С		
	4.		FEC ID number	С		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Func	draising Representative	e, or Leadership PAC Sponsor		
	Mailing Address					
	Relationship:	CITY A	STATE 🔺	ZIP CODE		
	Connected	Organization Affiliated Committee Join	nt Fundraising Representa	tive Leadership PAC Sponsor		
8.	8. Designated Agent: Identify by name, address (phone number – optional)					
	Full Name					
	Mailing Address					
	TITLE OR POSITION		STATE 🔺	ZIP CODE		
		<u>, , , , , , , , , , , , , , , , , , , </u>	Telephone Number			

Name of Bank, San Ma Depository, etc.	ateo Credit Union	
Mailing Address	1515 S El Camino Real	
	1	
	San Mateo CA 94402 - - -	
	CITY ▲ STATE ▲ ZIP CODE ▲	