Image# 201601309004951417				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ		Of	fice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	121 BHID	
PAYPAL PAC				
	2211 NORTH FIRST STREE	<u>                 </u>		
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
с, ,	SAN JOSE		CA 951	31
	CITY A	<u> </u>	STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	llisker@hdafec.com			
is changed)	Optional Second E-Mail Add			
	bmurphy@paypal.co	m		
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address				
is changed)				
2. DATE 07 20	2015			
3. FEC IDENTIFICATION NU	JMBER ► C c	00581686		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	t is true, correct and	complete.
			,	
Type or Print Name of Treasure	Barry Murphy			
Signature of Treasurer	Murphy	[Electronically Filed]	Date 01	23 / Y Y Y Y 2016
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/30/2016 13 : 23

-		-
FEC FC	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	
Candidat	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. (Compinformation below.)	plete the candidate
Name of Candidate	L	
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:	
(d)		Democratic, Republican, etc.) Pa
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization i
	X Corporation Corporation w/o Capital Stock	Labor Organizatior
	Membership Organization	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 second committee. (i.e., nonconnected committee)	gregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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
Con	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

## PAYPAL PAC

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

PayPal										
Mailing Address	2211 North First Street									
	San Jose	CA 95131								
	STATE ZIP CODE									
Relationship: 🗙 Connected Organization Affiliated Committee Joint Fundraising 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.

Lisa Lisker	
Full Name	
Mailing Address	228 S. Washington St., Ste. 115
	[]
	Alexandria     VA     22314       Image: Image of the second sec
Title or Position	CITY STATE ZIP CODE
Assistant Treasurer	Telephone number

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	Barry Murphy
Mailing Address	221 North First St.
	San Jose         CA         95131         –         –
	CITY STATE ZIP CODE
Title or Position	408       967       7400         Telephone number       -       -       -

FEC Form 1 (Revised 02/2009)

Full Name of Designated Lis Agent	Lisker	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 22314	
	CITY STATE ZIP CODE	
Title or Position Assistant Treasurer	Telephone_number	705

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.

l	BB&T																						
Mailing Address		1909 K	St., N	W				 															
		Washir	gton													20	006						
					CI	ΓY							ST	λΤΕ				Z	ΊΡ	COE	DE		
Name of Bank, De	epository, e	tc.																					
l																							
Mailing Address																							
					CI	ΓY							ST/	λΤΕ				Z	ΊΡ	COE	DE		