PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 × COMMITTEE (in full) over the lines. is changed) **End Gridlock Committee** 700 13th Street, NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS plgroup@perkinscoie.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2014 C00555516 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. Frank Conner Type or Print Name of Treasurer Frank Conner [Electronically Filed] 02 2014 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** (Revised 06/2012)

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

	EEO F a	**** 1 (Paying 02/2000)	Pogo 9
		rm 1 (Revised 02/2009) OMMITTEE	Page 2
		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. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFC Form 1 (Davised 02/2000)	Dama 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
End Gridlock Committee	
	andonahin DAC Smanan
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records.	n in possession of committee
Frank Conner Full Name	
700 13th Street, NW Mailing Address	
Suite 600	
Washington DC 2	20005
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name Frank Conner	1
of Treasurer	
Mailing Address Suite 600	
Washington DC 2	20005
CITY STATE	ZIP CODE
Title or Position Treasurer Title or Position Treasurer Telephone number]-[

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. malgamated Bank	
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. malgamated Bank	20006
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. malgamated Bank 1825 K Street WN	20006 ZIP CODE
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. malgamated Bank 1825 K Street WN Washington CITY STATE	
safety deposit boxes Name of Bank, Depo An Mailing Address	or maintains funds. pository, etc. malgamated Bank 1825 K Street WN Washington CITY STATE	
safety deposit boxes Name of Bank, Depo An Mailing Address	malgamated Bank 1825 K Street WN Washington CITY STATE	
Name of Bank, Depo	malgamated Bank 1825 K Street WN Washington CITY STATE	
Name of Bank, Depo	malgamated Bank 1825 K Street WN Washington CITY STATE	