Only

STATEMENT OF

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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. Kamala Harris for Senate 777 S. Figueroa Street ADDRESS (number and street) **Suite 4050** (Check if address is changed) Los Angeles 90017 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lbeaver@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address sshin@kaufmanlegalgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00571919 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. Kosoglu, Rohini, , , Type or Print Name of Treasurer Kosoglu, Rohini, , , [Electronically Filed] 09 2020 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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	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE idate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Name of Candida	THAIHS, Naihala, D	
Candida Party A	ate Affiliation Office Sought: House Mossian Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	onnected 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 committee. (i.e., nonconnected committee)	segregated 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 F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Committees Participating in Joint Fundraiser	
	1. FEC ID number	
	2. FEC ID number	
	3.	
	4.	

FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Kamala Harris for Senate	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
Friends of Kamala Harris	
777 S Figueroa St Suite 4050 Mailing Address	
Los Angeles CA 90017	
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 in phooks and records.	possession of committee
Kaufman, Stephen, J., ,	1
Full Name777 S Figueroa St Suite 4050	
Mailing Address	
Los Angeles CA	
Los Angeles CA 90017	
Title or Position CITY STATE	ZIP CODE
Counsel Telephone number 213 –	452 6565
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name Kosoglu, Rohini, , ,	1
of Treasurer	
Mailing Address 777 S Figueroa St Suite 4050	
Los Angeles CA 90017	
CITY STATE Title or Position Treasurer 213 1 1	ZIP CODE 452 6565
Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds ees or maintains funds. epository, etc. California Bank & Trust	accounts, rents
Mailing Address	777 S Figueroa St Suite 4050	<u> </u>
amiy Audless	<u> </u>	
	Los Angeles CA 90017	
	CITY STATE	ZIP CODE
Name of Bank, D	epository, etc.	
	epository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank, D	Amalgamated Bank	
	Amalgamated Bank	

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi		550 ID I	C
1.		FEC ID number	-1 - 1 - 1 - 1
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Harris Victory Fu	na 		
Mailing Address	120 Maryland Ave NE		
	Washington	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identif	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identif	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identii Full Name Mailing Address	Affiliated Committee Affiliated Committee Join Ty by name, address (phone number – optional)		
esignated Agent: Identif	Affiliated Committee X Join Ty by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Affiliated Committee y Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee Affiliated Committee y Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Affiliated Committee y Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A