FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. DAGA People's Lawyer Project PAC 1401 H St NW ADDRESS (number and street) Suite 750 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@dagaplp.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00687137 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. Pickrell, Aaron, , , Type or Print Name of Treasurer Pickrell, Aaron, , , [Electronically Filed] 09 10 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (number of Candidate) Condidate Candidate Party Committee: (number of Candidate) This committee is a load of subordinate of the light of			
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Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No 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 segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee N	ame	
DAGA People	e's Lawyer Project PAC	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
NONE		
<u> </u>		
Mailian Address		1
Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1
		1 1
	CITY STATE	E ZIP CODE
Beletienskin. Conne	Affiliated Committee	
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of th	ne person in possession of committee
	II, Aaron, , ,	
Full Name	PO Box 34445	
Mailing Address		
	Washington	, ,20005
	vvdorinigion	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	307 - 363 - 1603
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	tee; and the name and address of
Full Name Pickrell of Treasurer	I, Aaron, , ,	
Mailing Address	PO Box 34445	
	Washington	20005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	307 - 363 - 1603

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Pickrell, Aaron, , ,	1 1 1 1 1 1
Mailing Address	PO Box 34445	
	Washington DC 20005 CITY STATE ZI	P CODE
Title or Position Treasurer	Telephone number 307 - 36	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	
	Depository, etc.	
safety deposit bo Name of Bank, I	oxes or maintains funds.	
safety deposit bo	Depository, etc. Amalgamated Bank	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank	
safety deposit be Name of Bank, I	Depository, etc. Amalgamated Bank 275 Seventh Ave New York New York New York	IP CODE
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 275 Seventh Ave New York CITY STATE ZI	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 275 Seventh Ave New York CITY STATE ZI	
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safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 275 Seventh Ave New York CITY STATE ZI Depository, etc.	
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