

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Ted Lieu for Congress

ADDRESS (number and street)

777 S. Figueroa St.

(Check if address is changed)

Suite 4050

Los Angeles

CA

90017

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

sshin@kaufmanlegalgroup.com

Optional Second E-Mail Address

jguard@kaufmanlegalgroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

tedlieu.com

2. DATE

04 / 16 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00556506

4. 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.

Type or Print Name of Treasurer Hale, Tony, , ,

Signature of Treasurer Hale, Tony, , ,

[Electronically Filed]

Date

04 / 16 / 2021

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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.)

Name of Candidate Lieu, Ted, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 33

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - 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.
- (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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Ted Lieu for Congress

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

Rep Ted Lieu - Humanity Forward PAC Joint Committee

Mailing Address

PO Box 15320

Washington

DC

20003

CITY

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.

Full Name Kaufman, Stephen, J., ,

Mailing Address 777 S. Figueroa St.

Suite 4050

Los Angeles

CA

90017

Title or Position

CITY

STATE

ZIP CODE

Counsel

Telephone number 213 - 452 - 6565

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 Hale, Tony, , ,

Mailing Address 777 S. Figueroa St.

Suite 4050

Los Angeles

CA

90017

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 213 - 452 - 6565

Full Name of Designated Agent: Hale, Tony, , ,
Mailing Address: 777 S. Figueroa St., Suite 4050, Los Angeles, CA 90017
Title or Position: Treasurer
Telephone number: 213 - 452 - 6565

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.

Capital One

Mailing Address: P.O. Box 60, Saint Cloud, MN 56302

Name of Bank, Depository, etc.

Cathay Bank

Mailing Address: 777 N. Broadway Ave., Los Angeles, CA 90012

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

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

| | | | |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name
Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number --

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.
Mailing Address

 CITY ▲ STATE ▲ ZIP CODE ▲

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

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Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

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1.

2.

3.

4.

FEC ID number

FEC ID number

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CITY ▲ STATE ▲ ZIP CODE ▲