Only

PAGE 1/7

STATEMENT OF **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. Ted Lieu for Congress 777 S. Figueroa St. 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 sshin@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address iguard@kaufmanlegalgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00556506 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. Hale, Tony, , , Type or Print Name of Treasurer Hale, Tony,,, [Electronically Filed] 04 16 2021 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

FEC	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE	
	date 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. (Com information below.)	plete the candidate
Name of Candida	LICU, ICU, .	
Candida Party Af	DEM	State CA District 33
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of		
Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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
C	Committees Participating in Joint Fundraiser	
	.	
2	c. FEC ID number	
3	B. FEC ID number C	
4	.	

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Nar		. ago 🗸
Ted Lieu for C		
	I Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
·		
Trep red Lieu - Fluina	anity Forward PAC Joint Committee	
Mailing Address	PO Box 15320	
	Washington DC	20003
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Represe	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the	e person in possession of committee
	n, Stephen, J., ,	
Full Name	777 S. Figueroa St.	
Mailing Address	Suite 4050	
	Los Angeles , CA	90017
Title or Position	CITY STATE	ZIP CODE
Counsel	Telephone number	213 - 452 - 6565
. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	ee; and the name and address of
Full Name Hale, To	nny, , ,	1
of Treasurer	j777 S. Figueroa St.	
Mailing Address		
	Suite 4050	
	Los Angeles CA	90017
Title or Position Treasurer	CITY STATE	ZIP CODE 213 452 6565
<u> </u>	Telephone number	

	rm 1 (Revised 02/2009)	
Full Name of Designated Agent	Hale, Tony, , ,	
Mailing Address	777 S. Figueroa St.	
	Suite 4050	
	Los Angeles CITY STA	
Title or Position Treasurer		213 - 452 - 6565
Banks or Other	er Depositories: List all banks or other depositories in which the committee de	eposits funds, holds accounts, rents
safety deposit b		
-	Depository, etc.	
-	poxes or maintains funds.	
Name of Bank,	Depository, etc. Capital One P.O. Box 60	
-	Depository, etc. Capital One P.O. Box 60	
Name of Bank,	Depository, etc. Capital One P.O. Box 60	MN 56302
Name of Bank,	Depository, etc. Capital One P.O. Box 60	MN 56302
Name of Bank, Mailing Address	Depository, etc. Capital One P.O. Box 60 Saint Cloud	MN 56302
Name of Bank, Mailing Address	Depository, etc. Capital One P.O. Box 60 Saint Cloud CITY STA	MN 56302
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Capital One P.O. Box 60 Saint Cloud CITY STA Cathay Bank 777 N. Broadway Ave.	MN 56302
Name of Bank, Mailing Address	Depository, etc. Capital One P.O. Box 60 Saint Cloud CITY STA Cathay Bank 777 N. Broadway Ave.	MN 56302
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Capital One P.O. Box 60 Saint Cloud CITY STA Depository, etc. Cathay Bank 777 N. Broadway Ave.	MN 56302

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

h). Joint Fundraisi	ng Participant:			
1		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	C
4.		FEC	ID number	C
ame of Any Connected	Organization, Affiliated Committe	e, Joint Fundraising F	Representativ	e, or Leadership PAC Spor
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	d Organization Affiliated Commi		sing Represent	ative Leadership PAC S
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esignated Agent: Identi	_		ing Represent	ative Leadership PAC S
esignated Agent: Identi	_		ing Represent	ative Leadership PAC S
esignated Agent: Identi	_	r – optional)	ing Represent	ative Leadership PAC S
esignated Agent: Identi	y by name, address (phone number	r – optional)	STATE A	
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the state of	y by name, address (phone number	Telephone	STATE A Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	y by name, address (phone number of the control of	Telephone	STATE A Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017) for Lines 5(g

Page ___ **of** ____

h). Joint Fundraisi	ng Participant:				
1.			FE0	C ID number	С
2.			FE0	C ID number	С
3.			FE0	C ID number	С
4			FE	C ID number	С
ame of Any Connected	l Organization, At	ffiliated Committee, Joir	nt Fundraising	Representativ	e, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY ▲		STATE ▲	ZIP CODE ▲
	ed Organization	Affiliated Committee		ising Represent	ative Leadership PAC Sp
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esignated Agent: Identi				ising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, addre	ss (phone number – opt	ional)		
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisi r	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliate	ed Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE A	ZIP CODE ▲
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and graphs of Bank, repository, etc	ries: List all banks or aintains funds.	hone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and graphs of Bank, repository, etc	ries: List all banks or aintains funds. 2 Schwab 10866 Wilshire Blvd.	hone number – optional) CITY	STATE A Telephone Number	ZIP CODE A