FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Joby Aero PAC 333 Encinal St. ADDRESS (number and street) (Check if address is changed) Santa Cruz 95060 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS legal@jobyaviation.com (Check if address is changed) Optional Second E-Mail Address ∣aimee.lubin@hklaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2023 C00830398 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. Field, Matthew, , , Type or Print Name of Treasurer Field, Matthew, , , [Electronically Filed] 07 31 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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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TYPE OF COMMITTEE:				
Candidate Committee:	date Committee:			
(a) This committee is a principal campaign committee. (Comple	e the candidate information below.)			
(b) This committee is an authorized committee, and is NOT a print information below.)	rincipal campaign committee. (Complete the candidate			
Name of Candidate				
Candidate Office Party Affiliation Sought: House	State Senate President District			
(c) This committee supports/opposes only one candidate, and i	s NOT an authorized committee.			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) comm	(Democratic, ittee of the Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify con	nected organization on line 6.) Its connected organization is a			
x Corporation Corporation	w/o Capital Stock Labor Organization			
Membership Organization Trade Assoc	iation Cooperative			
In addition, this committee is a Lobbyist/Registran	: PAC.			
(f) This committee supports/opposes more than one Federal ca committee. (i.e., nonconnected committee)	indidate, and is NOT a separate segregated fund or party			
In addition, this committee is a Lobbyist/Registran	: PAC.			
In addition, this committee is a Leadership PAC. (dentify sponsor on line 6.)			
(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registran	PAC.			
(h) This committee is a political committee with both contribution	n and non-contribution accounts (Hybrid PAC).			
In addition, this committee is a Lobbyist/Registran	PAC.			
Joint Fundraising Representative:				
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.				
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.	C			
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٧	Vrite or Type Committee Name				
	Joby Aero PAC	,			
6.	Name of Any Connected O Joby Aero Inc.	ganization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor		
	Mailing Address	333 Encinal St.			
		Santa Cruz	95060		
		CITY ▲ STATE A	▲ ZIP CODE ▲		
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponso		
	Tiolatorio.np.	Organization Country and assing Propriess	25ddsienip 17te opens		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Lubin, Aime	e, , ,			
	Full Name				
	Mailing Address	800 17th Street, NW			
		Washington	20006		
		CITY ▲ STATE 4	▲ ZIP CODE ▲		
	Title or Position ▼	S2	5552		
	Custodian of Records	Telephone number	202 - 828 - 1895		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committeesistant treasurer).	tee; and the name and address of		
	Full Name Field, Matth	ew, , ,			
	of Treasurer				
	Mailing Address	333 Encincal Street			
		Santa Cruz	95060		
	Title or Desition —	CITY ▲ STATE	▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	248 - 756 - 6602		

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Full Name of Designated Agent	Novikov, Sergei, , ,						
Mailing Address	333 Encinal St.						
	Santa Cruz	L CA	95060				
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲				
Assistant Treasu	er I	elephone number 408	375 4086				
	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, D	Name of Bank, Depository, etc.						
Silicon Valley Bank							
Mailing Address	3003 Tasman Drive						
	Santa Clara	CA S	95054				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				