FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 (See instructions) | | _ | Office use only | |
|---------------------------------|--|--|--|--|
| 1. NAME OF COMMITTEE (in | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | |
| PAC to the Fu | ture | | | |
| | | | | |
| ADDRESS (number and | street) PMB 3230 | | | |
| (Check if address is changed) | 268 Bush Street San Francisco | | [CA] [94104] - [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | CITY▲ | STATE▲ ZIP CODE ▲ | |
| COMMITTEE'S E-MAI | | | | |
| treesarussell@ | 9 aoi.com | | | |
| | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | |
| | | | | |
| | | 1111111111 | | |
| COMMITTEE'S FAX N 4157882550 | | | | |
| 2. DATE 0.4 | | | | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00344234 | | |
| 4. IS THIS STATEM | NEW (N) OR | AMENDED (A) | | |
| I certify that I have exami | ned this Statement and to the best of my k | nowledge and belief it is true, correct ar | nd complete | |
| Type or Print Name of | Treasurer Paul Pelosi | | | |
| Type of Time Name of | | | | |
| Signature of Treasurer | Electronically Filed by Paul Pel | osi | Date 04 / DD / YYYYY | |
| NOTE: Submission of fal | · | nay subject the person signing this Stat | ement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS | |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 | | |

| | FECForm 1 (Revised 02/2003) | Page 2 | | | | |
|---|---|---------------------------------|--|--|--|--|
| 5. | TYPE OF COMMITTEE (Check One) | | | | | |
| | (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 | | | | | |
| | Party Affiliation Sought: House Senate President | State | | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| | Name of Candidate | | | | | |
| | | ocratic, olican,etc.) Party. | | | | |
| | (e) This committee is a separate segregated fund | | | | | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. | or party | | | | |
| 6. Name of Any Connected Organization or Affiliated Committee | | | | | | |
| | | | | | | |
| | Mailing Address 268 Bush Street, PMB 3230 | | | | | |
| | | | | | | |
| | San Francisco CA S410 | 4 | | | | |
| | CITY ≜ STATE ♠ ZIF | CODE A | | | | |
| Relationship Joint Fundraising Representative | | | | | | |
| | Type of Connected Organization: | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organization | | | | | |
| | Membership Organization Trade Association Cooperative | | | | | |
| | | | | | | |

| | | | Page 3 | | |
|---|---|-------------------------------|-------------------|--|--|
| Write or Type Committee Name | | | | | |
| PAC to the Future | | | | | |
| Custodian of Records: Identify be possession of Committee books | y name, address, (phone number and records. | optional), and position of th | ne person in | | |
| Full Name Paul Pelosi | | | | | |
| Mailing Address | 235 Montgomery Street, Suite 610 | | | | |
| | San Francisco | CA | 94104 | | |
| Title or Position ▼ | CITY A | STATE | ZIP CODE A | | |
| Treasurer | | Telephone number | | | |
| Full Name of Treasurer Mailing Address Paul Pelosi | 235 Montgomery Street, | Suite 610 | | | |
| | San Francisco | | 94104 _ | | |
| Title or Position ♥ | CITY A | STATE | | | |
| | | | ZIP CODE ▲ | | |
| Treasurer | | Telephone number 415 | ZIP CODE A | | |
| Treasurer Full Name of Designated Agent Theresa Rus | sell | Telephone number 415 | | | |
| Full Name of Designated | sell 235 Montgomery Street, | I elephone number | | | |
| Full Name of Designated Agent Theresa Rus | | I elephone number | | | |
| Full Name of Designated Agent Theresa Rus | 235 Montgomery Street, | Suite 610 | 788 8600 | | |

| | FEC Form 1 (Revised 02 | 2/2003) | Page 4 | | | | |
|---|--------------------------------|-----------------------------------|------------|--|--|--|--|
| 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. | | | | | | |
| | Union I | Bank of California | | | | | |
| | Mailing Address | 350 California Street, 18th Floor | | | | | |
| | | | | | | | |
| | | San Francisco CA 9410 | 94 _ _ | | | | |

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷