PAGE 1 / 11 =

FEC FORM 1		0	GANIZA		-					Offi	ice Use	Only		·
1. NAME OF COMMITTEE (in	n full)	(Chec	k if name		ole:If typin	ıg, type	1	2FF	34M5			7		
Mike Levin														
ADDRESS (number a	nd street)	PO Box 2112												
(Check if a is changed		Ste 400												
io onangoo	.,	Capistrano Be						CA STATE	_	9262	24	ZIP C	ODE A	
COMMITTEE'S E-MA	AIL ADDRES	SS												
(Check if a is changed		nissen@ca	pcompliance	e.com										
		Optional Seco	ond E-Mail Add	dress										1
COMMITTEE'S WEB  (Check if a is changed	address	RESS (URL) http://mikelevir	n.org											
2. DATE 0		2020												
3. FEC IDENTIFIC	CATION NU	MBER ▶	Cc	00634253										
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMEN	DED (A)								
I certify that I have e	examined thi	s Statement an	nd to the best	of my kno	owledge a	nd belief	it is t	rue, c	orrec	t and	compl	ete.		
Type or Print Name	of Treasurer	Nissen, Melis	sa, , ,											
Signature of Treasure	er <i>Nissen</i>	Melissa, , ,		[H	Electronical	ly Filed]	Da	te	0,	M /	30	D /	202	
NOTE: Submission of		ous, or incomple ANY CHANGE I		-		_	-				oenalti	es of 2	U.S.C.	§437g.
Office Use Only				Fo To	or further in ederal Elect oll Free 800 ocal 202-69	ion Commi -424-9530		ct:				FOF sed 06		

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Nam Can	ne of didate	Levin, Mike, , ,	
	didate y Affiliati	on DEM Office Sought: X House Senate President	State CA District 49
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		. ago o
Mike Levin for		
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
-	organization, rumated committees, some randrationing respicts of tall	Zoddorsinp i 710 oponooi
Bold Democrats III		
Mailing Address	PO Box 75357	
J		
	Washington	20013
	CITY STATE	ZIP CODE
_		2 0052
Relationship: Connecte	ed Organization Affiliated Committee    Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the perso	on in possession of committee
Nissen, N	Melissa, , ,	
Full Name	918 Pennsylvania Ave SE	
Mailing Address		
	Washington   DC	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer		
3. <b>Treasurer:</b> List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name Nissen, M	felissa, , ,	
of Treasurer	1040 Record as 25 Aug 05	
Mailing Address	918 Pennsylvania Ave SE	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Z02 Telephone number	

FEC FOR	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.  Depository, etc.  Amalgamated Bank	
safety deposit be	oxes or maintains funds.  Depository, etc.  Amalgamated Bank  1825 K St NW	
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW	
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Amalgamated Bank  1825 K St NW	
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW	ZIP CODE
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  California Bank & Trust	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  California Bank & Trust  550 S Hope St	ZIP CODE
safety deposit be Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  California Bank & Trust  550 S Hope St	ZIP CODE
safety deposit be Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  California Bank & Trust  550 S Hope St	ZIP CODE

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

5(g) or (h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
California Candid	ates Victory Fund		
Marilion of Adalas and	<sub> </sub> 777 S Figueroa St		
Mailing Address	Ste 4050		
		CA	90017
Deleteration	Los Angeles	L CA	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sponsor
	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sponsor
8. <b>Designated Agent:</b> Identif		Fundraising Represent	Leadership PAC Sponsor
B. <b>Designated Agent:</b> Identif		Fundraising Represent	Leadership PAC Sponsor
B. <b>Designated Agent:</b> Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sponsor
B. <b>Designated Agent:</b> Identification Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	
B. <b>Designated Agent:</b> Identif	y by name, address (phone number – optional)  CITY		
B. Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mail	y by name, address (phone number – optional)  CITY   Telepories: List all banks or other depositories in which the	STATE A ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

or **(h), 6, 8 and/or 9** Page <u>6</u> **of** <u>11</u>

1.				
		FEC I	D number	C
2.		FEC I	D number	C
3.		FEC I	D number	C
4.		FEC I	D number	C
Schiff Hold The F	Organization, Affiliated Committee, Joi	nt Fundraising Re	presentative	e, or Leadership PAC Spon
Mailing Address	777 S Figueroa St			
	Ste 4050			
			0.4	90017
	Los Angeles		CA	_
	Los Angeles  CITY ▲  d Organization	Joint Fundraisin	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	CITY ▲  d Organization Affiliated Committee		STATE ▲	ZIP CODE ▲
Connecte esignated Agent: Identi	CITY ▲  d Organization Affiliated Committee		STATE ▲	ZIP CODE ▲
esignated Agent: Identi	CITY ▲  d Organization Affiliated Committee		STATE ▲	ZIP CODE ▲
esignated Agent: Identi	CITY A  and Organization Affiliated Committee  fly by name, address (phone number – op		STATE A  g Representa	ZIP CODE Attive Leadership PAC Sp
esignated Agent: Identi	CITY A  control of Committee  Affiliated Committee  fy by name, address (phone number – op		STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	nising Representative	, or Leadership PAC Sponsor
	Takano California	vvave		
	Mailing Address	PO Box 15320		
	Mailing Address			
		Washington	ı DCı	20003
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	riciationship.	CITT	SIAIE	ZIF CODE
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Full Name   _   _			
	Mailing Address	CITY	STATE A	ZIP CODE A
		•		
9.	Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in which t	STATE   ephone Number	ZIP CODE A
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositors afety deposit boxes or maintain the same of the same	ries: List all banks or other depositories in which t	STATE   ephone Number	ZIP CODE A
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositors safety deposit boxes or mail Name of Bank, Bank of Bank of Bank, B	ries: List all banks or other depositories in which taintains funds.	STATE A	ZIP CODE A
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail and the same of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	STATE A	ZIP CODE A
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail and the same of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

Banks safety Name Deposit	or Other Depositori deposit boxes or main of Bank, story, etc.	es: List all banks o	CITY A	STATE A  Telephone Number  iich the committee depo	osits funds, ho	ZIP CODE A  Dids accounts, rents  ZIP CODE A
Banks safety Name Deposit	or Other Depositori deposit boxes or main of Bank, itory, etc.	es: List all banks o		Telephone Number		
Banks safety Name Deposit	or Other Depositori deposit boxes or main of Bank, itory, etc.	es: List all banks o		Telephone Number		
Banks safety Name Deposit	or Other Depositori deposit boxes or main of Bank, itory, etc.	es: List all banks o		Telephone Number		
TI L L Sanks safety	or Other Depositori deposit boxes or main	es: List all banks o		Telephone Number		
	ITLE OR POSITION		CITY A			ZIP CODE ▲
	TLE OR POSITION		CITY A	STATE A		ZIP CODE ▲
Ма						
Ма						
Ма						
	ailing Address					
Ful	II Name					
			filiated Committee x	Joint Fundraising Represe	entative	Leadership PAC Sponsor
F	Relationship:		CITY ▲	STATE	<b>▲</b>	ZIP CODE ▲
		Washington		DC	2000	2
ľ	walling Address	FI 2				
	Mailing Address	430 S Capitol St S	E			
	of Any Connected C		ted Committee, Joint Fu	Indraising Representa	tive, or Lead	ership PAC Sponsor
4.				FEC ID numbe	r C	
				FEC ID numbe		
3.				FEC ID numbe		
<ul><li>2.</li><li>3.</li></ul>				FEC ID numbe	r C	
·						

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

n). <b>Joint Fundraisin</b>	·		,			
1.				FEC ID numb		
2.				FEC ID numb	er C	
3.				FEC ID numb	er C	
4.				FEC ID numb	er C	
	Organization, Affiliated C	ommittee, Joint	Fundraisi	ng Represent	ative, or	Leadership PAC Spo
Hold The House F	rontline Fund					
Mailing Address	401 2nd Ave S					
	Ste 303					
	Seattle			WA	·	98104
Relationship:	(	CITY A		STATI		ZIP CODE ▲
			¥ Joint Fur	ndraising Repre		Leadership PAC
Connected		d Committee				
Connected	Organization Affiliated	d Committee				
Connected esignated Agent: Identify Full Name	Organization Affiliated	d Committee				
Connected esignated Agent: Identify Full Name	Organization Affiliated	e number – optio	nal)	ndraising Repre	sentative	
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated by name, address (phone	e number – optio	nal)	ndraising Repre	sentative	Leadership PAC
Connected esignated Agent: Identify Full Name	Organization Affiliated by name, address (phone	e number – optio	nal)	ndraising Repre	sentative	Leadership PAC S
connected esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	Organization Affiliated by name, address (phone City)  City  ies: List all banks or othe	e number – optio	nal)	STATE	sentative	Leadership PAC S
connected esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	Organization Affiliated by name, address (phone City)  City  ies: List all banks or othe	e number – optio	nal)	STATE	sentative	Leadership PAC S
Connected esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Organization Affiliated by name, address (phone City)  City  ies: List all banks or othe	e number – optio	nal)	STATE	sentative	Leadership PAC S

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_\_ **of** \_\_\_\_\_

5(g) or	r(h). <b>Joint Fundraising</b>	g Participant:				
	1.		FEC ID	number	С	
	2.		FEC ID	number	С	
	3.		FEC ID	number	С	
	4.		FEC ID	number	C	
-						
6.	Name of Any Connected C Lofgren Victory Fu	Organization, Affiliated Committee, Joint Fund ≀nd	Iraising Rep	esentative	re, or Leadership PAC Sponso	r
	Mailing Address	c/o Contribution Solutions, LLC				
		1346 The Alameda, #7-380				_ 
		San Jose		CA	95126	
	Relationship:	CITY A		STATE A	ZIP CODE ▲	
	Connected	Organization Affiliated Committee	nt Fundraising	Representa	tative Leadership PAC Spor	nsor
3. <b>I</b>	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		l   <u> </u>		I _
	Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1 1		
	Ü					_
		1	1	1 , 1	1 1-1	
	TITLE OR DOCITION	_ CITY ▲	S	TATE A	ZIP CODE ▲	
	TITLE OR POSITION	I	Telephone Nu	mber		L_
_						_
!	safety deposit boxes or mai		the committee	ee deposit	its funds, holds accounts, rents	1
ı	Depository, etc.	<u> </u>				
	Mailing Address					
ı		CITY A	S	TATE A	ZIP CODE ▲	
		<b>3</b> –	<u> </u>		Z.: 00DL —	

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Freshman Frontli	ne Victory Fund		
	918 Pennsylvania Ave SE		
Mailing Address	3 to Fernisylvania Ave GE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Sp
Connecte	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
Connecte		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A