PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 8MINUTE POWER LLC PAC 150 POST STREET, SUITE 405 ADDRESS (number and street) (Check if address is changed) SAN FRANCISCO 94108 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS CAMPAIGN@CAMPAIGNLAWYERS.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00632588 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 [Electronically Filed] 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. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
			LUCAI 202-034-1100

FEC Form 1 (Revised 03/2022)	Page 2							
TYPE OF COMMITTEE:								
Candidate Committee:								
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)							
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate								
Candidate Party Affiliation Office Sought: House Senate	State President District							
(c) This committee supports/opposes only one candidate, and is NOT an authorize	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 NO committee. (i.e., nonconnected committee)	T a separate segregated 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.)							
(g) This committee is an independent expenditure-only political committee (Super PAC).								
In addition, this committee is a Lobbyist/Registrant PAC.								
(h) This committee is a political committee with both contribution and non-contribution	ion accounts (Hybrid PAC).							
In addition, this committee is a Lobbyist/Registrant PAC.								
Joint Fundraising Representative:								
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·							
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							
	C							

	FEC Form	(Revised 02/200)9)					Pa	ge 3
٧	Vrite or Type Comr	nittee Name							
	8MINUT	E POWE	R LLC PAC						
6.		Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	None			1 1 1 1	1 1 1 1 1 1	1 1 1 1	1 1 1	1 1 1	1
	Mailing Address								
		Ι.,					1 1 1		
									1
									-
	_		CITY	_		STATE ▲		ZIP CO	DE 🛦
	Relationship:	Connected Orga	nization Affiliated Orga	anization	Joint Fundraising	Representat	tive	Leadersh	ip PAC Sponso
	Custodian of Re	Custodian of Decards, Identify by name address (phone number continue) and position of the parson in passession of committee							
•		Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.							
		BUTTGENBACH	I, THOMAS, , ,						
	Full Name								
	Mailing Address	150	POST STREET, SUITE 40	5			1 1 1		
	maining / taurooc								
		SA	N FRANCISCO			CA	94108		
			CITY	A		STATE ▲		ZIP CO	DE 🛦
	Title or Position	▼							
	Custodian of Rec	ords			Telephone num	nber 4	15 -	732	7700
8.	Treasurer: List t	ne name and add	dress (phone number o	ptional) of the	treasurer of the	committee:	and the na	ame and	address of
		agent (e.g., assist		,		,			
	Full Name	BUTTGENBACH	I, THOMAS, , ,						
	of Treasurer								
	Mailing Address	150	POST STREET, SUITE 40	5					
		Ι.							
		L_L SAI	N FRANCISCO			, CA ,	94108		1
								-	
			CITY	A		STATE ▲		ZIP CO	DE 🛦
	Title or Position	7							
	Treasurer				Telephone num	ber 4	15 –	732	- 7700

FEC Form 1	(Revised 02/2009)	Page 4				
Full Name of Designated Agent	None, , , ,					
Mailing Address						
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲				
	Telephone number					
	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.					
WELLS FARGO BANK, N.A.						
Mailing Address	1 MONTGOMERY STREET					
	SAN FRANCISCO CA	94104				
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STATE ▲	ZIP CODE ▲				

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Ž G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

AMENDMENT TO UPDATE PAC NAME, CUSTODIAN OF RECORDS, AND COMMITTEE TYPE. 8MINUTE POWER LLC IS TAXED AS A PARTNERSHIP: ACCORDINGLY, IT IS A NON-CONNECTED COMMITTEE.

Form/Schedule: Transaction ID: