FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | See instructions) | ION | | Office use only |
|------------------------------|---------------------------------|----------------------|--|-------------|---------------------------------|
| NAME OF COMMITTEE (in | | ck if name anged) | Example: If typying, type over the lines | 12FE4M5 | |
| SONY PICTUE | ŖEŞ ENTERTAINMENT | , INC. PAC | | | |
| | | | | | |
| | ı 10202 W. | WASHINGTON | | | |
| ADDRESS (number and | street) | 1 [1 [1 | | | |
| (Check if add | | | | | |
| is changed) | CULVER | CITY | | LCA L | 90232 - |
| | | Cl | TY▲ | STATE | ZIP CODE 🛦 |
| COMMITTEE'S E-MA | AIL ADDRESS FICALLAW.COM | | | | 1 |
| | | | | | |
| | | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | | |
| | | | | | |
| | | 1111 | | | |
| COMMITTEE'S FAX I 2136231692 | NUMBER | | | | |
| 2. DATE 0 3 | M / D D / Y Y 2 0 | 0 0 7 Y | | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C | C00282038 | | |
| 4. IS THIS STATEM | MENT NEW (N) | OR | X AMENDED (A) | | |
| I certify that I have exam | nined this Statement and to the | best of my knowled | lge and belief it is true, correct a | nd complete | |
| Type or Print Name of | Treasurer CARY | DAVIDSON | | | |
| Signature of Treasure | r Electronically Filed by | CARY DAVID | SON | Date 03 | / 01 / Y Y Y Y Y Y |
| NOTE: Submission of fa | · | - | oject the person signing this Sta | | s of 2 U.S.C. S437g. |
| Office Use Only | | | For further information Federal Election Commis Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2003) |

| | 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 | | | | | | |
| | Candidate Party Affiliation Office Sought: House Senate President | State District | | | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | Name of Candidate LILILIAN TO THE STATE OF | | | | | | |
| | | mocratic, ublican,etc.) Party. | | | | | |
| | (f) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. | d or party | | | | | |
| 6. | Name of Any Connected Organization or Affiliated Committee | | | | | | |
| L | SONY PICTURES ENTERTAINMENT, INC. | | | | | | |
| | | | | | | | |
| | Mailing Address 10202 W. WASHINGTON BLVD. | | | | | | |
| | | | | | | | |
| | CULVER CITY CA CA 902 | 32 | | | | | |
| | CITY≜ STATE ▲ Z | IP CODE A | | | | | |
| | Relationship CONNECTED | | | | | | |
| | Type of Connected Organization: | | | | | | |
| | X Corporation Corporation w/o Capital Stock Labor Organizatio | n | | | | | |
| | Membership Organization Trade Association Cooperative | | | | | | |

| | m 1 (Revised 02/2003 | 5) | | Page 3 |
|--------------------------------------|---|-----------------------------------|--------------------------------|--------------|
| Write or Type Co | | | | |
| 7. Custodian of | TURES ENTERTAL FRECORDS: Identify of Committee book | by name, address, (phone number - | - optional), and position of t | he person in |
| Full Name | CARY DAVI | DSON | 1 1 1 1 1 1 1 1 1 1 | |
| Mailing Addre | ss | 520 S. GRAND AVE., #700 | | |
| | | LOS ANGELES | CA | 90071 |
| Title or Position | on 🔻 | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Custodian of R | ecords | Telephone number | |
| Full Name of Treasurer Mailing Addre | CARY DAVI | 520 S. GRAND AVE., #700 | | |
| | _ | LOS ANGELES | CA | 90071 |
| Title or Position | on 🔻 | CITY A | STATE | ZIP CODE A |
| | Treasurer | | Telephone number 213 | 6246200 |
| Full Name of Designated Agent | JAMES A. S | IVESIND | | |
| Mailing Addre | ss | 520 S. GRAND AVE., #700 | | |
| | _ | LOS ANGELES | CA | 90071 _ |
| Title or Position | nn 😾 | CITY A | STATE ▲ | ZIP CODE A |

Telephone number

Assistant Treasurer

| | FEC Form 1 (Revise | ed 02/2003) | Page 4 | | | | | | |
|----|---|--------------------------|--------|--|--|--|--|--|--|
| 9. | Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. | | | | | | | | |
| | Name of Bank, Depository, | etc. | | | | | | | |
| | BAI | NK OF AMERICA | | | | | | | |
| | Mailing Address | 600 WILSHIRE BLVD., #100 | | | | | | | |
| | | | | | | | | | |
| | | LOS ANGELES CA 900 | 17 _ | | | | | | |
| | | CITY △ STATE △ ZIP | CODE A | | | | | | |