STATEMENT OF

PAGE 1/6 =

FEC FORM 1			RGAN										Office	Use (Only			
1. NAME OF COMMITTEE (ir	n full)		Check if nar s changed)	me	-	le:If typ		ре	1	2F1	E4N							
CBS Corpo				ion C				<u> </u>										
ADDRESS (number a	nd street)	801 Peni	nsylvania Ave	NW														
(Check if a is changed		Suite 450 Washing							L	DC TATE		20	0004	Ž		- L		
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed	address	trgadso	on@comer															
		Optional	Second E-N	/lail Addr	ess			<u> </u>										
COMMITTEE'S WEB (Check if a is changed	address	DRESS (U	RL)															
2. DATE 0	8 20	D / Y	y y y 2019															
3. FEC IDENTIFIC	CATION NU	MBER ▶		C coo	0423442													
4. IS THIS STATEM	MENT	NEW	(N)	OR	×	AME	NDED	(A)										
I certify that I have e	examined thi	s Stateme	ent and to th	e best o	of my kno	wledge	and be	elief i	t is ti	ue,	corre	ct ar	nd co	mplet	e.			-
Type or Print Name	of Treasurer	Orlando	, John S., , ,															
Signature of Treasure	er <i>Orland</i>	lo, John S., ,	,		[E	lectronic	ally File	ed]	Dat	e e		м 08	/	20] ′ [019	Y
NOTE: Submission of			omplete infor										e per	nalties	of 2	U.S.	C. §4	137g.
Office Use Only					Fe To	or further ederal Ele ell Free 80 ecal 202-6	ection Co 00-424-9	ommiss 1530		et:				EC Revise				_

ı	FEC Fo i	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		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	t Fund	raising Representative:	
(g)	П	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 to 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.		
	3.		
	4.		

FFO Forms 4 (Decised)	00/0000	Dave 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
•	on Political Action Committee	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
CBS Corporation	<u> </u>	
Mailing Address	801 Pennsylvania Ave NW	
Ŭ	Suite 450	
	Washington DC 20	0004
	CITY STATE	ZIP CODE
_		
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person	in possession of committee
	ices, Comerica Bank, , ,	
Full Name	PO Box 75000	
Mailing Address		
	Date:	3275-2250
	Detroit MI 48	
Title or Position	CITY STATE	ZIP CODE
Book Keeper	Telephone number 248	7271
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	the name and address of
Full Name Orlando, Jo	ohn S., , ,	1
of Treasurer	JOSÉ De La Carte de la Carte Alexande	
Mailing Address	801 Pennsylvania Ave NW	
	Suite 450	
	Washington DC 20	0004
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	_ 457 _ 4508

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent Brown, Jo	oshua, , ,		
Mailing Address	801 Pennsylvania Ave NW		
	Suite 450		
	Washington	DC 20004 STATE	ZIP CODE
Title or Position Asst. Treasurer		umber	457 - 4607
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		ittee deposits funds, hold	s accounts, rents
Come	rica Bank		
Mailing Address	PAC Services		
	PO Box 75000, MC 2250		
	Detroit	MI 48275-2	250
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amended to change email address

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisir	ig i di dolpant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected Viacom Internatio	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	1275 Pennsylvania Avenue NW		
	Suite 710		
	Washington	DC	20004
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A