## 2019-10-17-03-00298792

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED TER T 2019 OCT 17 PM 12: 39

| NAME OF     COMMITTEE (in full)    | (Check if name is changed)    | Example: If typing, type over the lines.                                     | 12FE4M5  |   |
|------------------------------------|-------------------------------|--|--|---|
| INTELLECTUA                        | L PROPERT                     | Y OWNERS P   | OLITICAL AC  | CTION                                   |
| FUND                               |                               |  | <u> </u>   |   |
| ADDRESS (number and street)        | 1501 M ST                     | REET NW  | <u> </u>   |   |
| (Check if address is changed)      | SuiTE 115                     | 0, 1 1 1 1 1 1 1   | <u> </u>   |   |
| <b>3</b> ,                         | W. ASH. I. NG. T.O.           | 7  | STATE A ZIP  | - L L L L L L L L L L L L L L L L L L L |
| COMMITTEE'S E-MAIL ADDRE           | ss                            |  |  |   |
| (Check if address is changed)      |                               |  | · · · · · · · · · · · · · · · · · · ·              |   |
| · ,                                | Optional Second E-Mail Add    | dress  |  | ,                                       |
|                                    |                               |  |  |   |
|                                    |                               |  | and the second second                              |   |
| COMMITTEE'S WEB PAGE AD            | DRESS (URL)                   |  | <i>;</i> :   |   |
| (Check if address is changed)      |                               |  | <u></u>  |   |
|                                    |                               |  | <u> </u>   |   |
|                                    |                               |  |  |   |
| 2. DATE 1.0                        | 7 2019                        |  |  |   |
| 3. FEC IDENTIFICATION N            | JMBER ▶ C.Ø                   | 0336131  |  |   |
| 4. IS THIS STATEMENT               | NEW (N) OR                    | AMENDED (A)  |  |   |
| I certify that I have examined the | nis Statement and to the best | of my knowledge and belief   | t is true, correct and complete.                   |   |
| Type or Print Name of Treasure     | LESSICA                       | K. LANDAC  | LRE  |   |
| Signature of Treasurer             | em-K La                       | dacre_   | Date 10, 07  | Ž019                                    |
| NOTE: Submission of false, erron   | -                             | may subject the person signing   | this Statement to the penalties of WITHIN 10 DAYS. | 52 U.S.C. §30109.                       |
| Office<br>Use                      |                               | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530 |  |   |

Toll Free 800-424-9530 Local 202-694-1100

| ł  | F   | FEC <b>Fo</b> i      | rm 1 (Revised 02/2009) .  | Page <b>2</b>                            |
|----|---|----------------------|---|--|
| 5. |   |                      | OMMITTEE .  |  |
|    | Candidate Committee:  (a) This committee is a principal campaign committee. (Complete the candidate information below.) |                      |   |  |
|    | (p)   |                      |   |  |
|    | Name<br>Cand  | e of<br>lidate       |   |  |
|    | Cand<br>Party   | lidate<br>Affiliatio | Office Sought: House Senate President   | State  District                          |
|    | (c)   |                      | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
|    | Name<br>Cand  | e of<br>lidate       |   |  |
|    | Part  | ty Con               | nmittee:  | (Domogratio                              |
|    | (d)   |                      |   | (Democratic,<br>Republican, etc.) Party. |
|    | Poli  | tical A              | ction Committee (PAC):  |  |
|    | (e)   | X                    | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-   | 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 se 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 Func               | Iraising Representative:  |  |
|    | (g)   |                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political                     |
|    | (h)   |                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.        | vo or more political                     |
|    |   | Com                  | mittees Participating in Joint Fundraiser   |  |
|    |   | 1.                   | FEC ID number C   |  |
|    |   | 2.                   |   |  |
|    |   | 3.                   |   |  |
|    |   |                      |   | - <del> </del>                           |

| FEC Form 1 (Revised 02/2009)  Write or Type Committee Name  INTELLECTUAL PROPERTY OWNERS POLITICAL ACTION Fundamental PAC Sponsor  Name of Any Connected Organization, Affiliated Committee, Joint Fundamental PAC Sponsor  INTELLECTUAL PROPERTY OWNERS POLITICAL ACTION FUNDAMENTAL PROPERTY OWNERS POLITICAL PROPERTY | 1  |   | l l                                   |
|--|--|---|---------------------------------------|
| ENTELLECTUAL PROPERTY OWNERS TOUTICAL ACTION FUNCE.  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  ENTELLECTUAL PROPERTY ON BERS ASSIGNATION  Mailing Address  1501 M ST NW  CITY STATE ZIP CODE  Relationship: **Connected Organization** Affiliated Committee** Joint Fundraising Representative** Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Title or Position  CITY STATE ZIP CODE  TREASURER  Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  | FEC Form 1 (Revised                      | 02/2009)  | Page 3                                |
| Mailing Address  1501 M ST NW  STATE ZIP CODE  Relationship: **Connected Organization** [Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).   | Write or Type Committee Nam  INTELLECTUA | PROPERTY OWNERS POLITICA  | L Action Fund                         |
| Mailing Address    15 01   M 5 T   N W   | 6. Name of Any Connected                 | Organization, Affiliated Committee, Joint Fundraising Representat | tive, or Leadership PAC Sponsor       |
| S U    T E   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   1   5   0   1   5   0   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   1   5   0   5   1   5   0   5   1   5   0   5   1   5   0   5   1   5   0   5   5   1   5   0   5   5   5   5   5   5   5   5   | INTELLECTU                               | ali Propertiy owners asso   | C 1 A T 1 D D                         |
| S U      T E   11   5 0   D    D C   2000   5 -  |  |   | · · · · · · · · · · · · · · · · · · · |
| CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Telephone number  Telephone number  Full Name  Mailing Address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  | Mailing Address                          | 1501 M ST NW  |                                       |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Telephone number  Telephone number  Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  |  | SIUI (TE 1150)  |                                       |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Telephone number  Telephone number  Full Name  of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).   |  | WASHINGTON   DC   | 1 12,000 51-1                         |
| 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number   |  |   |                                       |
| Full Name  Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  | Relationship: Connecte                   | d Organization Affiliated Committee Joint Fundraising Represe     | entative Leadership PAC Sponsor       |
| Mailing Address  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  |  | ntify by name, address (phone number optional) and position of th | ne person in possession of committee  |
| Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  UESSICA LANDACRE   | Full Name                                |   |                                       |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  UESSICA LANDACRE  | Mailing Address                          |   |                                       |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  UESSICA LANDACRE  |  |   |                                       |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  UESSICA LANDACRE  |  |   |                                       |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  UESSICA LANDACRE   | Title or Position                        | CITY STATE  | ZIP CODE                              |
| Full Name of Treasurer  UESSICA LANDACRE   | TREASURER                                | Telephone number  |                                       |
| of Treasurer UESSICA LANDACKE  |  |   | ttee; and the name and address of     |
| Mailing Address $11.5.0.1$ , $M_{1.5}T_{1.5}W_{1.5}$   | 111-50                                   | SICA LANDACRE   |                                       |
|  | Mailing Address                          | 1,5,0,1, M, S,T, N,W, , , , , , , ,                               |                                       |
| Su,1,7,6, 1,150,   |  | S,u,t,T,E, 1,1,50, , , , , , , , , , , , , , , , , , ,            |                                       |
| WASHINGTON   |  | MASHI NATON :   | 1 12000151                            |
| CITY STATE ZIP CODE  | Tille on Death                           |   |                                       |
| Title or Position  EXECUTIVE DIRECTOR:  Telephone number [202]-[507]-[4500]  |  | DIRECTOR 1  | 12021-15071-145.00                    |

|  | m 1 (Revised 02/2009)  | Page 4                    |
|--|--|---------------------------|
|  |  | •                         |
| Full Name of<br>Designated<br>Agent                    |  |                           |
| Mailing Address  |  |                           |
|  |  |                           |
|  | CITY STATE   | ZIP CODE                  |
|  | •  |                           |
| Title or Position                                      | Telephone number   | <u> </u>                  |
| Banks or Other safety deposit bo                       | r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds.  | ds, holds accounts, rents |
| Banks or Other safety deposit bo                       | r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds.  | ds, holds accounts, rents |
| Banks or Other<br>safety deposit bo<br>Name of Bank, [ | r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds.  Depository, etc.  WELLS FARGO               | ds, holds accounts, rents |
| Banks or Other safety deposit bo                       | r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds.  Depository, etc.                            | ds, holds accounts, rents |
| Banks or Other<br>safety deposit bo<br>Name of Bank, [ | r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds.  Depository, etc.  WELLS FARGO  1510 K ST NW | ds, holds accounts, rents |

CITY

ZIP CODE

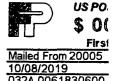
STATE

2019-10-17-0X-00298795

Mailing Address







Kevin Fortkiewicz Federal Election 1050 FUIT Street NE Warrington, DC

20463

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| Received from House Records & Registration Office   | Date of Receipt           |
| Received from Senate Public Records Office  | Date of Receipt           |
| Received from Electronic Filing Office  | Date of Receipt           |
| Other (Specify):  | ceipt or Postmarked       |
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