**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Putnam Investments, LLC Political Action Committee ('Putnam PAC') 100 Federal Street ADDRESS (number and street) (Check if address is changed) **Boston** MA 02110 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address steve\_maher@putnam.com is changed) Optional Second E-Mail Address DLPOLRPTS3@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00289595 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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 Teeven, David,, 09 20 2023 Signature of Treasurer Teeven, David, . . 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate 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. (Complete the information below.)	candidate
Name of Candidate ''','','','',',',',',',',',',',',',','	
Candidate Office House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biodilot
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
Political Action Committee (PAC):	
(e) X 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 Org	anization
Membership Organization Trade Association Cooperation	ve
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 accounts (Hybrid PAC	<del>;</del> ).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. C	

Title or Position ▼

Treasurer

	_		
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٧	Vrite or Type Commit	ittee Name	
	Putnam In	vestments, LLC Political Action Committee ('Putnai	n PAC')
6.	Name of Any Cor	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	Putnam Inves	stments, LLC	
	Mailing Address	100 Federal Street	
		Boston	02110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in ps.	ossession of committee
		Maher, Stephen, B., ,	
	Full Name	400 5 1 100 1	
	Mailing Address	100 Federal Street	
		Boston	02110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	- · · · · · · · · · · · · · · · · · · ·	211 OOBL =
	Custodian of Recor	rds 617 Telephone number	
8.		e name and address (phone number optional) of the treasurer of the committee; and gent (e.g., assistant treasurer).	the name and address of
	Full Name of Treasurer	Teeven, David, , ,	
	_	100 Federal Street	
	Mailing Address		
		Pastas	20140
		Boston	02110
		CITY ▲ STATE ▲	ZIP CODE ▲

760

Telephone number

5095

FEC <b>Form</b>	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲
		e number
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the com xes or maintains funds.	nmittee deposits funds, holds accounts, rents
Name of Bank, [	Depository, etc.	
	Bank of America	
Mailing Address	100 Federal Street	
	Boston	MA     02110
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Empower Retiremer	t LLC Political Action Committee ('Empower	PAC')	
Mailing Address	8515 E. Orchard Road		
	Number 7T2		
	Greenwood Village	CO	80111
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join  fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  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 raintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which raintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which raintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which raintains funds.	STATE A Telephone Number	ZIP CODE A