Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Joby Aero PAC 333 Encinal St. ADDRESS (number and street) (Check if address is changed) Santa Cruz 95060 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS legal@jobyaviation.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00830398 FEC IDENTIFICATION NUMBER > 3. 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. Dobson, Ben, , , Type or Print Name of Treasurer Dobson, Ben, , , [Electronically Filed] 2022 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. 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 candidate information below.)				
Name of Candidate				
Candidate Office Party Affiliation Sought: Ho	use Senate President District			
(c) 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	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Ident	ify connected organization on line 6.) Its connected organization is a			
X Corporation Corp	oration w/o Capital Stock Labor Organization			
5 5	Association Cooperative			
In addition, this committee is a Lobbyist/Re	gistrant PAC.			
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	deral candidate, and is NOT a separate segregated fund or party			
In addition, this committee is a Lobbyist/Re	gistrant 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/Re	gistrant PAC.			
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA				
In addition, this committee is a Lobbyist/Re	gistrant PAC.			
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an	g expenses and disburses net proceeds for two or more political authorized committee of a federal candidate.			
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			

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٧	Vrite or Type Committee Name		
	Joby Aero PAC	· •	
6.	Name of Any Connected On Joby Aero Inc.	ganization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
	Mailing Address	333 Encinal St.	
		Santa Cruz	95060
		CITY ▲ STATE A	▲ ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the per	son in possession of committee
	Lubin, Aime	e, , ,	
	Full Name		
	Mailing Address	800 17th Street N.W.	
		Suite 1100	
		Washington	20006
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	202 828 - 1895
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committ ssistant treasurer).	tee; and the name and address of
	Full Name Dobson, Be	n, , ,	
	of Treasurer		
	Mailing Address	333 Encinal St.	
		Santa Cruz CA	95060
	Title or Desition —	CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	513 - 549 - 8921

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Full Name of Designated Agent	Novikov, Sergei, , ,						
Mailing Address	333 Encinal St.						
	Santa Cruz	L CA	95060				
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲				
Assistant Treasu	er I	elephone number 408	375 4086				
	Depositories: List all banks or other depositories in which ses or maintains funds.	the committee deposits funds	s, holds accounts, rents				
Name of Bank, D	epository, etc.						
Silicon Valley Bank							
Mailing Address	3003 Tasman Drive						
	Santa Clara	CA S	95054				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				