PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) State Street Bank and Trust Company Voluntary Political Action Committee Box 5351 ADDRESS (number and street) (Check if address is changed) **Boston** 02206 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Ituomivaara@statestreet.com (Check if address is changed) Optional Second E-Mail Address imannion@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00072751 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. Tuomivaara, Lisa, , , Type or Print Name of Treasurer Tuomivaara, Lisa,,, [Electronically Filed] 05 2023 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.

0	Office		For further information contact:
lι	Use		Federal Election Commission
c	Only		Toll Free 800-424-9530 Local 202-694-1100
	•		Local 202-034-1100

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. TYPE OF COMMITTEE:						
Candidate Committee:	ate Committee:					
(a) This committee is a principal campaign co	mmittee. (Complete the candidate information below.)					
(b) This committee is an authorized committee information below.)	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:	House Senate President	State District				
(c) This committee supports/opposes only one	e candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a	ional, State (Democratic, ubordinate) committee of the Republican,	•				
Political Action Committee (PAC):						
(e) X This committee is a separate segregated f	und. (Identify connected organization on line 6.) Its connected	d organization is a				
x Corporation	Corporation w/o Capital Stock Labor Or	rganization				
Membership Organization	Trade Association Cooperate	tive				
In addition, this committee is a l	_obbyist/Registrant PAC.					
(f) This committee supports/opposes more the committee. (i.e., nonconnected committee)	an one Federal candidate, and is NOT a separate segregated	d fund or party				
In addition, this committee is a l	_obbyist/Registrant PAC.					
In addition, this committee is a l	Leadership PAC. (Identify sponsor on line 6.)					
(g) This committee is an independent expendi	ture-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee wit	h both contribution and non-contribution accounts (Hybrid PA	C).				
In addition, this committee is a l	.obbyist/Registrant PAC.					
Joint Fundraising Representative:						
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(j) 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					
- 1	C					

Treasurer

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W	Irite or Type Committee Nan						
	State Street Ba	ank and Trust Company Volun	tary Political Actior	n Committee			
6.	=	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor State Street Bank and Trust Company					
	State Street Bank a	and trust Company					
	Mailing Address	One Congress St					
		Suite 1					
		Boston	MA 02114	4			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Relationship: X Connecte	ed Organization Affiliated Organization Joint	Fundraising Representative	Leadership PAC Sponso			
7.	Custodian of Records: Idea books and records.	entify by name, address (phone number optional) ar	nd position of the person in posse	ssion of committee			
	Tuomiva	ara, Lisa, , ,					
	Full Name						
	Mailing Address	Box 5351					
		Boston	MA 02206	6			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Title or Position ▼						
	Treasurer	Tele	ephone number 617 -	664 – 8773			
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 Tuomiva of Treasurer	ara, Lisa, , ,					
	Mailing Address	Box 5351					
		Boston	MA 02206	6			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Title or Position ▼	OII I	SIAIL =	Zii GODL 🛋			

8773

664

Telephone number

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	Full Name of	Chacko Sarbanis, Dolie, , ,			
	Designated Agent				
	Mailing Address	Box 5351			
		Boston	MA	02206	
	Title or Position ■	CITY ▲	STATE A	ZIP CODE ▲	
	Assistant Treasur		mber _	617 - 664 - 6423	
		Depositories: List all banks or other depositories in which the committed co	ee deposits	s funds, holds accounts, rents	
	Name of Bank, Depository, etc.				
	Santander Bank NA				
ı	Mailing Address	176 Federal Street			
		Boston	MA	02110	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Name of Bank, D	epository, etc.			
ı	Mailing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲	