PAGE 1 / 37

STATEMENT OF **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. California Democratic Party 1830 9th Street ADDRESS (number and street) (Check if address is changed) Sacramento 95811 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cha2@cadem.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.cadem.org (Check if address is changed) DATE 2022 C00105668 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Kapur, Teddy, , , Type or Print Name of Treasurer Kapur, Teddy,,, [Electronically Filed] 05 16 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|------------------------|--|--|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | H | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | <u>Ц</u> | This committee is an authorized committee, and is NOT a principal campaign committee. (Compliniformation below.) | ete the candidate |
| | ne of didate | | |
| | didate y Affiliatio | Office Sought: House Senate President | State CA District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | × | CTA ' CTA ' | Democratic, epublican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ected 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) | П | This committee supports/opposes more than one Federal candidate, and is NOT a separate segi | regated fund or party |
| | | committee. (i.e., nonconnected committee) | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revised 0 | 22/2000) | Page 3 |
|--|--|-------------------------------|
| Write or Type Committee Name | | raye 3 |
| | | |
| California Demo | | |
| 6. Name of Any Connected O | Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| Bera Victory Fund | | |
| | | |
| Mailing Address | P.O. Box 582496 | |
| | | |
| | Elk Grove CA S | 95758 – – |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee X Joint Fundraising Representative | Leadership PAC Sponsor |
| . Custodian of Records: Iden books and records. | ntify by name, address (phone number optional) and position of the person | on in possession of committee |
| Guerra, En | nedelia, , , | 1 |
| Full Name | ,1830 9th Street | |
| Mailing Address | | |
| | | |
| | Sacramento | 95811 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number 916 | 442 5707 |
| B. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and assistant treasurer). | d the name and address of |
| Full Name Kapur, Ted | ldy, , , | 1 |
| of Treasurer | | |
| Mailing Address | 10100 Santa Monica Blvd. #1300 | |
| | | |
| | Los Angeles CA | 90067 |
| Title or Position | CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number 310 | |

| FEC For n | n 1 (Revised 02/2009) | Page 4 |
|---|--|----------------|
| | | |
| Full Name of Designated Agent | None, , , , | |
| Mailing Address | | |
| | | |
| | CITY STATE 2 | ZIP CODE |
| Title or Position | Telephone number | |
| Banks or Other | Denocitaries: List all hanks or other denocitories in which the committee denocite funds, halds | accounts rents |
| safety deposit bo Name of Bank, I | Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Amalgamated Bank | |
| safety deposit bo | Depository, etc. | |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 | |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank | |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 San Francisco CA 94111 | ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 San Francisco CITY STATE | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 San Francisco CITY STATE | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 San Francisco CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 San Francisco CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 255 California Street, Suite 600 San Francisco CITY STATE | |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend to update Joint Fundraising Representatives.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

| afety deposit boxes or ma | | | Telephone Number h the committee deposi | ts funds, holds accounts, rents |
|--|-------------------------------|--------------------------|--|---------------------------------|
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc. | aintains funds. Fargo Bank | | | ts funds, holds accounts, rents |
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc. | aintains funds. Fargo Bank | | | ts funds, holds accounts, rents |
| Banks or Other Deposito afety deposit boxes or ma | aintains funds. Fargo Bank | | | ts funds, holds accounts, rents |
| Banks or Other Deposito afety deposit boxes or ma | aintains funds. | | | ts funds, holds accounts, rents |
| Banks or Other Deposito | | | | ts funds, holds accounts, rents |
| TITLE OR POSITION | | | ielephone Number _ | |
| TITLE OR POSITION | | I | | |
| | ▼ | CITY A | STATE A | ZIP CODE ▲ |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| Full Name | | | | |
| Designated Agent: Identify | y by name, address (| phone number – optional) | | |
| Connected | d Organization A | uffiliated Committee | nt Fundraising Represent | ative Leadership PAC Spo |
| Relationship: | | CITY A | STATE A | ZIP CODE ▲ |
| | Palm Desert | | , CA | 92261 |
| Mailing Address | P.O. Box 3433 | | | |
| | . D.O. Dev. 2422 | | | |
| | | | | |
| Name of Any Connected Ruiz Victory Fund | _ | ted Committee, Joint Fun | draising Representativ | e, or Leadership PAC Sponse |
| 4. | | | FEC ID number | C |
| | | | FEC ID number | C |
| 3. | | | FEC ID number | С |
| 2 | | | FEC ID number | С |

FEC Form 1S (Revised 02/2017)

| 5(g) c | or(h). Joint Fundraisi r | ng Participant: | | |
|--------|--|--|------------------------|------------------------------|
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| 6. | Name of Any Connected Julia Brownley Vi | Organization, Affiliated Committee, Joint Fundra | ising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | Mailing Address | P.O. Box 2018 | | |
| | | | | |
| | | Thousand Oaks | CA CA | 91358 |
| | Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | Connecte | d Organization Affiliated Committee | Fundraising Representa | ative Leadership PAC Sponsor |
| | | | | |
| 8. | | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | Full Name | CITY | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail | CITY ▲ CITY ▲ Tele pries: List all banks or other depositories in which the aintains funds. Fargo Bank | ephone Number | |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail to boxes or mail to box of Bank, Wells | CITY CITY Tele pries: List all banks or other depositories in which the aintains funds. | ephone Number | |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail to be a safety deposit boxes. Wells Depository, etc. | CITY ▲ CITY ▲ Tele pries: List all banks or other depositories in which the aintains funds. Fargo Bank | ephone Number | |

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

| h). Joint Fundraisi | ng Participant: | | |
|--|--|----------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Spon |
| Democratic Natio | nal Committee State Party Victory | | |
| I | | | |
| | | | |
| Mailing Address | 430 S. Capitol Street SE | | |
| | | | |
| | Washington | DC | 20003-4024 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | | | |
| | d Organization Affiliated Committee Y Joint y by name, address (phone number – optional) | Fundraising Representa | Leadership PAC S |
| | | Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identif | y by name, address (phone number – optional) | Fundraising Representation | |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or meaning the second content of the second content o | y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which taintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, City N | y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which the aintains funds. ational Bank | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, City N | y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which taintains funds. | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc. | y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which the aintains funds. ational Bank | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, City N epository, etc. | y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which the aintains funds. ational Bank | STATE A | ZIP CODE A |

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

| (h). Joint Fundraisi | ng Farticipant. | | |
|--|--|----------------------------|-----------------------------|
| 1. | | FEC ID number | С |
| 2 | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | , | |
| - | Organization, Affiliated Committee, Joint Fu | ndraising Representative | e, or Leadership PAC Sponso |
| Democratic Gras | sroots Victory Fund | | |
| | | | |
| Mailing Address | 430 South Capitol Street SE. | | |
| | | | |
| | Washington | DC | 20003 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecto | | oint Fundraising Represent | ative Leadership PAC Spo |
| Connecto | Affiliated Committee | | ative Leadership PAC Spo |
| Connecte Connecte Connecte Connecte Connecte Connecte | | | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | | | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | | | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) | | |
| Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY | STATE A Telephone Number | ZIP CODE A |
| Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or markets | fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or make the safety deposit boxes or m | fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in what an intains funds. | STATE A Telephone Number | ZIP CODE A |
| Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white naintains funds. Fargo Bank | STATE A Telephone Number | ZIP CODE A |
| Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white naintains funds. Fargo Bank | STATE A Telephone Number | ZIP CODE A |

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

| h). Joint Fundraisi r | g Participant: | | | | |
|---|---|------------------------|-------------------|------------|---------------------------|
| 1. | | | FEC ID | number | С |
| 2. | | | FEC ID | number | С |
| 3. | | | FEC ID | number | C |
| 4. | | | FEC ID | number | С |
| | | | | | |
| ame of Any Connected | Organization, Affiliate | ed Committee, Joint Fu | undraising Rep | resentativ | e, or Leadership PAC Spon |
| Rouda Victory Fu | nd | | | | |
| | | | | | |
| | | | | | |
| Mailing Address | 611 Pennsylvania Av | venue SE, #143 | | | |
| | | | | | |
| | Washington | | 1 | DC | 20003 |
| Relationship: | | CITY A | | STATE A | ZIP CODE ▲ |
| | | | | | |
| Connecte | d Organization Affi | liated Committee | Joint Fundraising | Represent | ative Leadership PAC Sp |
| | | | | Represent | ative Leadership PAC Sp |
| Connecte esignated Agent: Identif | | | | Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | | | | Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | | | Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | | | Represent | |
| esignated Agent: Identif | | hone number – optiona | l) | | |
| esignated Agent: Identif | by name, address (pl | | l) | Representa | |
| esignated Agent: Identif Full Name Mailing Address | by name, address (pl | hone number – optiona | l) | STATE A | |
| esignated Agent: Identif Full Name Mailing Address | by name, address (pl | hone number – optiona | | STATE A | |
| esignated Agent: Identif Full Name | ries: List all banks or | hone number – optiona | S Telephone Nu | STATE A | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or maintains. | ries: List all banks or caintains funds. | hone number – optiona | S Telephone Nu | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or maintains. | ries: List all banks or | hone number – optiona | S Telephone Nu | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | ries: List all banks or caintains funds. | hone number – optiona | S Telephone Nu | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing ame of Bank, Wells | ries: List all banks or aintains funds. Fargo Bank | hone number – optiona | S Telephone Nu | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | ries: List all banks or aintains funds. Fargo Bank | hone number – optiona | S Telephone Nu | STATE A | ZIP CODE A |

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

| h). Joint Fundraisi n | | FEO ID | C |
|--|---|--------------------------|---------------------------|
| 1. | | FEC ID number | |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundr | raising Representative | e, or Leadership PAC Spon |
| Katie Porter Victo | ry Fund | | |
| | | | |
| Mailing Address | 611 Pennsylvania Avenue SE, #143 | | |
| | | | |
| | Washington | DC | 20003 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connected | d Organization Affiliated Committee | t Fundraising Representa | ative Leadership PAC S |
| esignated Agent: Identify | y by name, address (phone number – optional) | runuraising nepresent | Leadership PAC 5 |
| esignated Agent: Identif | | Trundraising nepresent | Leadership PAC 5 |
| esignated Agent: Identify | | Trundraising nepresente | Leadership PAC 5 |
| esignated Agent: Identif | | Trundraising nepresente | Leadership PAC 5 |
| esignated Agent: Identif | | Trundraising nepresente | Leadership PAC 5 |
| esignated Agent: Identif | y by name, address (phone number – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, Wells | y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, Wells | y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| Full Name | y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds. Fargo Bank | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc | y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds. Fargo Bank | STATE A | ZIP CODE A |

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

| Connected Organization | number C number C | C ID number C ID number C ID number | FEC FEC | | 2. |
|--|--|-------------------------------------|------------------|---------------------------------------|---------------------------|
| 3 | number C | C ID number | FEC | | 3. 4. 4. |
| 4 | number C | C ID number | FEC | | 4. |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. Levin Victory Fund 2020 Mailing Address 918 Pennsylvania Ave SE Washington Pac 20003 Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp. Levin Fundraising Representative Leadership PAC Sp. Leadership PAC Sp. Levin Fundraising Representative, or Leadership PAC Sp. Levin Fundraising Representative, or Leadership PAC Sp. Levin Fundraising Representative Leadership PAC Sp. Levin Fundraising Representative, or Leadership PAC Sp. Levin Fundraising Representa | | | | | |
| Mailing Address 918 Pennsylvania Ave SE Washington Pelationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAGE esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Po Bank, Wells Fargo Bank epository, etc. Mailing Address P.O. Box 6995 Mailing Address | sentative, or Leadership PAC Sp | Representative | nt Fundraising F | | ame of Any Connected Or |
| Mailing Address 918 Pennsylvania Ave SE Washington CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAG esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number P.O. Box 6995 Mailing Address P.O. Box 6995 Mailing Address | | | | 2020 | |
| Mailing Address Washington CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAI esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number P.O. Box 6995 Mailing Address P.O. Box 6995 Mailing Address | | | | | Levin Victory Fund 2 |
| Mailing Address Washington CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAI esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number P.O. Box 6995 Mailing Address P.O. Box 6995 Mailing Address | <u> </u> | | | | |
| Relationship: CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAG esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number Telephone Number Telephone Stants funds, holds accounts, aftety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address P.O. Box 6995 Mailing Address | | | | 918 Pennsylvania Ave SE | Mailing Address |
| Relationship: CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAG esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number Telephone Number Telephone Stants funds, holds accounts, aftety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address P.O. Box 6995 Mailing Address | | | | | |
| Connected Organization | DC 20003 | DC | | Washington | |
| Esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Wells Fargo Bank Epository, etc. P.O. Box 6995 Mailing Address | STATE A ZIP CODE A | STATE ▲ | | CITY ▲ | Relationship: |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ——— anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, fety deposit boxes or maintains funds. ame of Bank, epository, etc. P.O. Box 6995 Mailing Address P.O. Box 6995 | | | | | |
| Telephone Number Telephone Nu | | | | | Mailing Address |
| Telephone Number Telephone Nu | | | | | l |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. Wells Fargo Bank epository, etc. P.O. Box 6995 Mailing Address | | | | | |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address P.O. Box 6995 | ATE ▲ ZIP CODE ▲ | STATE ▲ | | ▼ CITY ▲ | TITLE OR POSITION ▼ |
| afety deposit boxes or maintains funds. ame of Bank, Wells Fargo Bank epository, etc. P.O. Box 6995 | ber | e Number | Telephone | | |
| afety deposit boxes or maintains funds. ame of Bank, Wells Fargo Bank epository, etc. P.O. Box 6995 | e deposits funds, holds accounts, n | nmittee deposit | in which the com | es: List all banks or other depositor | anks or Other Depositorie |
| epository, etc. P.O. Box 6995 Mailing Address | | • | | | |
| Mailing Address | | | | argo Bank | |
| Portland OD07329 6005 | | | | P.O. Box 6995 | |
| Portland | | | | | Mailing Address |
| Portland OR 97228-6995 | | | | | Mailing Address |

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

| 1 | | | | | |
|--|--|-------------------------------|------------------|-------------|--------------------------------|
| 2. | | | FEC II | O number | С |
| | | | FEC II | O number | С |
| 3. | | | FEC II | O number | С |
| 4. | | | _ FEC II | O number | С |
| | | | | | |
| ame of Any Connected | Organization, Af | filiated Committee, Joint F | undraising Re | presentativ | e, or Leadership PAC Spon |
| Josh Harder Victo | ry Fund | | | | |
| 1 | | | | | |
| | | | | | |
| Mailing Address | 499 S Capitol S | St SW, #407 | | | |
| | | | 1 1 1 1 | | |
| | Washington | | 1 | DC | 20003 |
| Relationship: | | CITY A | | STATE A | ZIP CODE ▲ |
| П. | d Organization | | Joint Fundraisin | | |
| Full Name | 1 | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | • | CITY A | | STATE A | ZIP CODE ▲ |
| TITLE OR POSITION | • | | | | |
| TITLE OR POSITION | <u> </u> | | Telephone N | lumber | |
| TITLE OR POSITION | | | Telephone N | lumber _ | |
| anks or Other Depositor | ries: List all bank | s or other depositories in w | | | ts funds, holds accounts, ren |
| anks or Other Depositor | ries: List all bank aintains funds. | s or other depositories in w | | | ts funds, holds accounts, rent |
| anks or Other Depositor afety deposit boxes or ma | ries: List all bank | s or other depositories in w | | | ts funds, holds accounts, ren |
| anks or Other Depositor afety deposit boxes or mark ame of Bank, epository, etc. | ries: List all bank aintains funds. | ss or other depositories in w | | | ts funds, holds accounts, ren |
| anks or Other Depositor | ries: List all bank aintains funds. Fargo Bank | ss or other depositories in w | | | ts funds, holds accounts, ren |
| anks or Other Depositor afety deposit boxes or mark ame of Bank, epository, etc. | ries: List all bank aintains funds. Fargo Bank | ss or other depositories in w | | | ts funds, holds accounts, rent |

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi r | ig Participant: | | | | |
|--|------------------|------------------------------|------------------|-------------|----------------------------|
| 1. | | | FEC II | O number | С |
| 2. | | | FEC II | O number | С |
| 3. | | | FEC II | O number | С |
| 4. | | | FEC II | O number | С |
| | | | | | |
| ame of Any Connected | Organization, A | ffiliated Committee, Joint I | Fundraising Re | oresentativ | e, or Leadership PAC Spons |
| Friends of State [| Democratic P | arties | | 1 1 1 1 | |
| | | | | | |
| | | | | | |
| Mailing Address | 114 Beauchar | np Lane | | | |
| | | | | | |
| | Lafayette | | 1 | LA | 70506 |
| Relationship: | | CITY A | | STATE A | ZIP CODE ▲ |
| Connecte | d Organization | Affiliated Committee | Joint Fundraisin | g Represent | tative Leadership PAC Sp |
| esignated Agent: Identif | | Affiliated Committee x | | g Represent | tative Leadership PAC Sp |
| | | | | g Represent | Leadership PAC Sp |
| esignated Agent: Identif | | | | g Represent | Leadership PAC Sp |
| esignated Agent: Identif | | | | g Represent | Leadership PAC Sp |
| esignated Agent: Identif | | ess (phone number – option | | g Represent | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, addre | ess (phone number – option | al) | g Represent | |
| esignated Agent: Identif | y by name, addre | ess (phone number – option | al) | STATE A | |
| esignated Agent: Identif Full Name Mailing Address | y by name, addre | ess (phone number – option | al) | STATE A | |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor | y by name, addre | ess (phone number – option | al) Telephone N | STATE A | |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION | y by name, addre | ess (phone number – option | al) Telephone N | STATE A | ZIP CODE A |
| esignated Agent: Identification of the properties of the propertie | y by name, addre | ess (phone number – option | al) Telephone N | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing ame of Bank, Wells | y by name, addre | ess (phone number – option | al) Telephone N | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, addre | ess (phone number – option | al) Telephone N | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, addre | ess (phone number – option | al) Telephone N | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

| _ | | | | |
|------|---|--|------------------------|--------------------------------|
| 5(g) | or(h). Joint Fundraisin | g Participant: | | |
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | С |
| | | | | |
| 6. | Name of Any Connected Jay Chen Victory | Organization, Affiliated Committee, Joint Fundra | ising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | 3201 Yorba Linda Blvd. #139 | | |
| | | | | |
| | | Fullerton | CA | 92831 |
| | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Connected | I Organization | Fundraising Representa | ative Leadership PAC Sponsor |
| 8. | Pull Name | by name, address (phone number – optional) | | |
| | Mailing Address | 1 | | |
| | | | | |
| | | | 1 1 . 1 | 1 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | TITLE OR POSITION | V | 1 | [_] [_] [|
| | | | ephone Number | |
| 9. | safety deposit boxes or ma | ries: List all banks or other depositories in which the intains funds. | ne committee deposit | s funds, holds accounts, rents |
| | | 201 Pennsylvania Ave., SE | | |
| | Mailing Address | | | |
| | | | | |
| | | Washington | ı ı DC | 120003 |
| _ | | Washington CITY A | DC STATE A | 20003 ZIP CODE ▲ |

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

| h). Joint Fundraisi n | ig i artioipant. | FEO 15 : | |
|--|---|------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Spon |
| Wood Victory Fur | nd | | |
| | | | |
| Mailing Address | PO Box 12103 | | |
| | | | |
| | Bakersfield | CA CA | 93389 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | Fundraising Representa | ative Leadership PAC Sp |
| Connected | | | ative Leadership PAC Sp |
| Connected esignated Agent: Identify | d Organization Affiliated Committee | | Leadership PAC Sp |
| esignated Agent: Identify | d Organization Affiliated Committee | | Leadership PAC Sp |
| Connected esignated Agent: Identify Full Name | d Organization Affiliated Committee | | Leadership PAC Sp |
| esignated Agent: Identify Full Name Mailing Address | d Organization Affiliated Committee y by name, address (phone number – optional) | | Leadership PAC Sp |
| esignated Agent: Identify | Affiliated Committee y by name, address (phone number – optional) CITY | Fundraising Representa | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing and the same of Bank, Bank of Bank, Bank, Bank of Bank, Bank, Bank, Bank, Bank, Bank, | Affiliated Committee y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which taintains funds. | Fundraising Representa | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail | Affiliated Committee y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which faintains funds. | Fundraising Representa | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. | Affiliated Committee y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which taintains funds. | Fundraising Representa | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

| n). Joint Fundraising | Participant: | | |
|---|---|----------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2 | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| = | Organization, Affiliated Committee, Joint Fur | ndraising Representativ | e, or Leadership PAC Spor |
| Dr Asif Mahmood | Victory Fund | | |
| | | | |
| Mailing Address | 16633 Ventura Blvd., #1008 | | |
| | | | |
| | Encino | CA | 91436 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connected | | oint Fundraising Represent | ative Leadership PAC S |
| | by name, address (phone number – optional) | | ative Leadership PAC S |
| esignated Agent: Identify | | | ative Leadership PAC S |
| esignated Agent: Identify Full Name | | | ative Leadership PAC S |
| esignated Agent: Identify Full Name | | | ative Leadership PAC S |
| esignated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) | | |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION Inks or Other Depositorifety deposit boxes or mail | by name, address (phone number – optional) CITY es: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositorifety deposit boxes or mail ame of Bank, Bank of Epository, etc. | by name, address (phone number – optional) CITY CITY es: List all banks or other depositories in whitntains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai | by name, address (phone number – optional) CITY CITY es: List all banks or other depositories in white trains funds. Stockton | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank, expository, etc. | by name, address (phone number – optional) CITY CITY es: List all banks or other depositories in white trains funds. Stockton | STATE A Telephone Number | ZIP CODE A |

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

| h). Joint Fundraisin | g raiticipant. | | |
|---|--|---------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4 | | FEC ID number | С |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | nt Fundraising Representa | Leadership PAC Sp |
| | Affiliated Committee Join by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identify | | nt Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identify | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identify | by name, address (phone number – optional) | nt Fundraising Representa | |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) CITY | | |
| Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Bank of Bank, B | ries: List all banks or other depositories in which intains funds. | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail | ries: List all banks or other depositories in which intains funds. | STATE A | ZIP CODE A |
| Full Name | ries: List all banks or other depositories in which intains funds. | STATE A | ZIP CODE A |

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

| h). Joint Fundraisin | g Participant: | | | |
|---|--|------------------------|--|---------------------------|
| 1. | | FEC I | D number | C |
| 2. | | FEC I | D number | C |
| 3. | | FEC I | D number | С |
| 4. | | FEC I | D number | C |
| ame of Any Connected | Organization, Affiliated Committee, J | oint Fundraising Re | presentative | e, or Leadership PAC Spor |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| Relationship: | CITY ▲ | | STATE A | ZIP CODE ▲ |
| | | | | |
| | Organization Affiliated Committee | Joint Fundraisin | g Representa | Leadership PAC S |
| | Affiliated Committee by name, address (phone number – | | g Representa | Leadership PAC S |
| esignated Agent: Identify | | | ng Representa | Leadership PAC S |
| esignated Agent: Identify | | | ng Representa | Leadership PAC S |
| esignated Agent: Identify | | | ng Representa | Leadership PAC S |
| esignated Agent: Identify | by name, address (phone number – o | | Representation of the second o | Leadership PAC S |
| esignated Agent: Identify Full Name | by name, address (phone number – o | | STATE A | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma | cies: List all banks or other depositories | optional) Telephone I | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc Benefice pository, etc. | cial State Bank | optional) Telephone I | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name | cial State Bank | optional) Telephone I | STATE A | ZIP CODE A |

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

| h). Joint Fundraisin | g i ai tioipaiit. | | | | |
|--|------------------------|-------------------------|------------------------|----------------|-------------------|
| 1. | | | FEC ID num | ber C | |
| 2. | | | FEC ID num | ber C | |
| 3. | | | FEC ID num | ber C | |
| 4. | | | FEC ID num | ber C | |
| ame of Any Connected | Organization, Affiliat | ed Committee, Joint Fu | ndraising Represen | tative, or Lea | adership PAC Spon |
| | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| Relationship: | | CITY A | STAT | E▲ | ZIP CODE ▲ |
| | | | oint Fundraising Repr | esentative | Leadership PAC Sp |
| | | | | esentative | Leadership PAC Sp |
| esignated Agent: Identify | | | | esentative | Leadership PAC S |
| esignated Agent: Identify Full Name | | | | esentative | Leadership PAC S |
| esignated Agent: Identify Full Name _ _ _ | | | | esentative | Leadership PAC S |
| esignated Agent: Identify Full Name | by name, address (p | | | | |
| esignated Agent: Identify Full Name | by name, address (p | ohone number – optional | | | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main ame of Bank, Wells F | by name, address (p | ohone number – optional | STATE Telephone Number | | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | by name, address (p | ohone number – optional | STATE Telephone Number | | ZIP CODE A |
| esignated Agent: Identify Full Name | by name, address (p | ohone number – optional | STATE Telephone Number | eposits funds, | ZIP CODE A |

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

| Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name | Leadership PAC Spo ZIP CODE ▲ Leadership PAC S | C C | number number number | FEC ID num FEC ID num | | | | 2. |
|--|--|----------------|----------------------------|-----------------------|-------------|----------------------|---|---|
| Alling Address Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC STATE ▲ ZIP CODE ATTILE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ATTILE O | ZIP CODE A | C C ve, or Lea | number | FEC ID num | | | | 3. 4. 4. |
| A. FEC ID number C Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S Any Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Leadership PAC S Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S | ZIP CODE A | ve, or Lea | number | FEC ID num | | | | 4. |
| Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization | ZIP CODE A | ve, or Lea | | | | | | |
| Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE A Telephone Number — — — anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. ame of Bank, Amalgamated Bank epository, etc. Mailing Address | ZIP CODE A | | esentative | sing Represen | int Fundrai | ted Committee, Jo | nected Organization, A | ame of Any Connected |
| Relationship: CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number — — — Tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. Tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. Tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. Tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. Tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. | | | | | | | | |
| Relationship: CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION V CITY A STATE A ZIP CODE A Telephone Number — — — — — — — — — — — — — — — — — — — | | | | | | | <u>- </u> | |
| Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization | | | | | | | | |
| Connected Organization | | | | | | | ss <u> </u> | Mailing Address |
| Connected Organization | | | | | | | | |
| Connected Organization | | | | | | | | |
| esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number — — — — — — — — — — — — — — — — — — — | Leadership PAC | L | STATE A | STAT | | CITY 🛦 | | Relationship: |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE △ Telephone Number ——— anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts after deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 275 Seventh Avenue 275 Seventh Avenue | | | | | olional) | prione number – o | Identify by name, addre | |
| TITLE OR POSITION CITY Telephone Number Tel | | | | | | | | Mailing Address |
| TITLE OR POSITION CITY Telephone Number Telephone Number Telephone Number Amalgamated Bank epository, etc. Mailing Address CITY STATE ZIP CODE Telephone Number Telephone Numbe | | | | | | | | |
| TITLE OR POSITION Telephone Number Telephone | | | | | | | | |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 275 Seventh Avenue | ZIP CODE ▲ | | ATE 🛦 | STATE | | CITY A | SITION ▼ | TITLE OR POSITION |
| afety deposit boxes or maintains funds. ame of Bank, Amalgamated Bank epository, etc. (275 Seventh Avenue) Mailing Address | | | nber | phone Number | Tele | | | |
| Mailing Address 275 Seventh Avenue | ds, holds accounts, re | its funds, | e deposits | e committee de | in which th | r other depositories | or maintains funds. | afety deposit boxes or maximates are of Bank, Amalg |
| New York | | | | | | e | 275 Seventh Av | |
| ı New York | | | | | | | 1 | |
| | | | | | | | | |

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

| CITY A and Affiliated Committee J address (phone number – optional) CITY A banks or other depositories in whis. Bank NW on | STATE ▲ Telephone Number | ZIP CODE A |
|--|----------------------------|---|
| address (phone number – optional) CITY banks or other depositories in whis. Bank | STATE A Telephone Number | Leadership PAC Sp |
| address (phone number – optional) CITY banks or other depositories in whis. Bank | STATE A Telephone Number | Leadership PAC Sp |
| address (phone number – optional) CITY banks or other depositories in whis. | STATE A Telephone Number | Leadership PAC Sp |
| address (phone number – optional) CITY banks or other depositories in wh | STATE A Telephone Number | Leadership PAC Sp |
| address (phone number – optional) | oint Fundraising Represent | ative Leadership PAC Sp |
| address (phone number – optional) | oint Fundraising Represent | ative Leadership PAC Sp |
| address (phone number – optional) | oint Fundraising Represent | ative Leadership PAC Sp |
| n Affiliated Committee J | oint Fundraising Represent | |
| n Affiliated Committee J | oint Fundraising Represent | |
| n Affiliated Committee J | oint Fundraising Represent | |
| n Affiliated Committee J | oint Fundraising Represent | |
| | | |
| CITY A | STATE A | ZIP CODE A |
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| | | |
| | | |
| on, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| |) TEO ID Humber | 0 |
| | J | C |
| | J | C |
| | J | C |
| | | FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number |

FEC Form 1S (Revised 02/2017)

| TITLE OR POSITION Banks or Other Depositors or material deposit boxes or material deposit boxes or material depository, etc. Mailing Address | ries: List all ba | anks or other deposit | | e committee deposit | ts funds, holds acco | |
|--|--|-----------------------|-------------------|----------------------|----------------------|-------------|
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc. | ories: List all basintains funds. amated Ba | anks or other deposit | | | ts funds, holds acco | |
| Banks or Other Deposito safety deposit boxes or ma | ories: List all basintains funds. amated Ba | anks or other deposit | | | ts funds, holds acco | |
| Banks or Other Deposito safety deposit boxes or ma | ories: List all ba | anks or other deposit | | | ts funds, holds acco | |
| Banks or Other Deposito | ries: List all ba | | | | ts funds, holds acco | |
| TITLE OR POSITION | ▼ | | Tele | phone Number | | DE A |
| TITLE OR POSITION | ▼ | | | | | DE 🛦 |
| | | CITY A | | STATE A | ZIP CO | |
| | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| Full Name | | | | | | |
| Designated Agent: Identif | y by name, ad | dress (phone number | - optional) | | | |
| Connected | d Organization | Affiliated Commit | tee Joint Fi | undraising Represent | ative Leadersh | nip PAC Spo |
| Relationship: | | CITY A | | STATE A | ZIP C | ODE A |
| | | | | | | - |
| | | | | | | |
| Mailing Address | 1 | | 1 1 1 1 1 1 | | | 1 1 1 1 |
| | | | | | | |
| | | | | | | |
| Name of Any Connected | Organization, | Affiliated Committe | e, Joint Fundrais | sing Representativ | e, or Leadership P | AC Sponso |
| 4. | | | | FEC ID number | C | |
| | | | | FEC ID number | С | |
| 3. | | | | FEC ID number | С | |
| 2 | | | | FEC ID number | С | |

FEC Form 1S (Revised 02/2017)

| g) or (h). Joint Fundraisin | g Participant: | | | |
|---|---|------------------------|----------------|--------------------------------|
| 1. | | FEC I | D number | C |
| 2. | | FEC I | D number | C |
| 3. | | FEC I | D number | C |
| 4 | | FEC I | D number | C |
| - | | | | |
| Name of Any Connected | Organization, Affiliated Committee, | Joint Fundraising Re | epresentative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | 1 | | 1 . 1 | I I-I |
| Relationship: | CITY ▲ | | STATE A | ZIP CODE ▲ |
| Connected | d Organization Affiliated Committe | e Joint Fundraisir | ng Representa | ative Leadership PAC Sponsor |
| Full Name | y by name, address (phone number - | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| TITLE OR POSITION | ▼ CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | | Telephone I | Number | |
| | | | | |
| Banks or Other Deposito safety deposit boxes or ma | ries: List all banks or other depositon aintains funds. | ries in which the comm | nittee deposit | s funds, holds accounts, rents |
| | amated Bank | | | |
| Depository, etc | 255 California Street, Suite 600 | | | |
| amily / ladiooo | | | | |
| | San Francisco | | CA | 94111 |
| | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | J | | | 5002 _ |

FEC Form 1S (Revised 02/2017)

| or(h). Joint Fundraisin | | C ID number | C |
|--|---|-------------------|------------------------------|
| 2. | | C ID number | C |
| 3. | | C ID number | C |
| 4. | FE | C ID number | C |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fundraising | Representative | e, or Leadership PAC Sponsor |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | | |
| Connected | | aising Representa | ative Leadership PAC Spons |
| Designated Agent: Identify Full Name | Affiliated Committee Joint Fundra by name, address (phone number – optional) | aising Represent | ative Leadership PAC Spons |
| Connected Designated Agent: Identify | | aising Represent | ative Leadership PAC Spons |
| Designated Agent: Identify Full Name | | aising Represent | ative Leadership PAC Spons |
| Designated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) | aising Representa | Leadership PAC Spons |
| Designated Agent: Identify Full Name | by name, address (phone number – optional) CITY | | |
| Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main the safety deposit boxes or main the safety depository, etc. | by name, address (phone number – optional) CITY Telephor ries: List all banks or other depositories in which the co | STATE A | ZIP CODE A |
| Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Amalg. | cies: List all banks or other depositories in which the cointains funds. | STATE A | ZIP CODE A |
| Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main the safety deposit boxes or main the safety depository, etc. | cies: List all banks or other depositories in which the cointains funds. | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

| 5(g) | or(h). Joint Fundraisin | α Participant: | | | | |
|------|---|--|-------------------|-------------|-------------------------------|--------|
| (8) | 1. | | FEC ID | number | C | |
| | 2. | | _ FEC ID | number | C | |
| | 3. | | _ FEC ID | number | C | |
| | 4. | | ∟ ∣ FEC ID | number | C | Ħ |
| | 4. | | | | | |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint F | undraising Rep | resentative | e, or Leadership PAC Spon | sor |
| | | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | Relationship: | CITY ▲ | | STATE A | ZIP CODE ▲ | |
| | Connected | d Organization | Joint Fundraising | Representa | tive Leadership PAC Sp | ponsor |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – optional | al) | | | . , |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | TITLE OR POSITION | CITY A | | ETATE A | ZIP CODE A | |
| | TITLE OR POSITION | CITY A | S Telephone Nu | | ZIP CODE A | |
| 9. | Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in w | Telephone Nu | ımber | | ts |
| 9. | Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in waintains funds. amated Bank | Telephone Nu | ımber | | ts |
| 9. | Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in waintains funds. | Telephone Nu | ımber | | ts |
| 9. | Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in water in the street in the | Telephone Nu | ee deposits | s funds, holds accounts, rent | ts |
| 9. | Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in waintains funds. amated Bank | Telephone Nu | ımber | | ts |

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

| 1. 2. 3. 4. And Connected Organ Mailing Address Relationship: Connected Organ Connected Orga | CITY | | | number number number | C C Or Leadership PAC Spor |
|--|------------------------------|-------------------|----------------|----------------------------|----------------------------|
| ame of Any Connected Orga Mailing Address Relationship: Connected Orga | CITY | | FEC ID FEC ID | number | C |
| A. Connected Organ | CITY | | FEC ID | number | C |
| ame of Any Connected Orga Mailing Address Relationship: Connected Orga | CITY | | draising Repr | | |
| Mailing Address Relationship: Connected Organ | CITY | | | esentative, | or Leadership PAC Spor |
| Relationship: Connected Orga | | | | | |
| Relationship: Connected Orga | | | | | |
| Relationship: Connected Orga | | | | | |
| Connected Orga | | | | | 1 1-1 . |
| Connected Orga | | | | | 1 |
| Connected Orga | | | | | |
| | nization Affiliated Con | mittae I lei | | STATE A | ZIP CODE ▲ |
| Full Name | | | | | |
| Mailing Address | | | | | |
| L | | | | | |
| | | | | | |
| TITLE OR POSITION ▼ | CITY A | | S | TATE ▲ | ZIP CODE ▲ |
| | | | Telephone Nur | mber | |
| anks or Other Depositories: | List all banks or other dep | ositories in whic | h the committe | e deposits | funds, holds accounts, rer |
| afety deposit boxes or maintain | | | | - | |
| ame of Bank, Amalgama | ted Rank | | | | |
| | | | | | |
| epository, etc. | California Street, Suite 600 | | | | |
| epository, etc. | | | | | |

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

| 1. 2. 3. 4. And Connected Organ Mailing Address Relationship: Connected Organ Connected Orga | CITY | | | number number number | C C Or Leadership PAC Spor |
|--|------------------------------|-------------------|----------------|----------------------------|----------------------------|
| ame of Any Connected Orga Mailing Address Relationship: Connected Orga | CITY | | FEC ID FEC ID | number | C |
| A. Connected Organ | CITY | | FEC ID | number | C |
| ame of Any Connected Orga Mailing Address Relationship: Connected Orga | CITY | | draising Repr | | |
| Mailing Address Relationship: Connected Organ | CITY | | | esentative, | or Leadership PAC Spor |
| Relationship: Connected Orga | | | | | |
| Relationship: Connected Orga | | | | | |
| Relationship: Connected Orga | | | | | |
| Connected Orga | | | | | 1 1-1 . |
| Connected Orga | | | | | 1 |
| Connected Orga | | | | | |
| | nization Affiliated Con | mittae I lei | | STATE A | ZIP CODE ▲ |
| Full Name | | | | | |
| Mailing Address | | | | | |
| L | | | | | |
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| TITLE OR POSITION ▼ | CITY A | | S | TATE ▲ | ZIP CODE ▲ |
| | | | Telephone Nur | mber | |
| anks or Other Depositories: | List all banks or other dep | ositories in whic | h the committe | e deposits | funds, holds accounts, rer |
| afety deposit boxes or maintain | | | | - | |
| ame of Bank, Amalgama | ted Rank | | | | |
| | | | | | |
| epository, etc. | California Street, Suite 600 | | | | |
| epository, etc. | | | | | |

FEC Form 1S (Revised 02/2017)

| g) or (h). Joint Fundraisi n | ng Participant: | | |
|---|--|-------------------------|-------------------------------------|
| 1. | . | FEC ID numb | per C |
| 2. | | FEC ID numb | per C |
| 3. | | FEC ID numb | per C |
| | | FEC ID numb | per C |
| | | | |
| Name of Any Connected | Organization, Affiliated Committee, Join | t Fundraising Represent | ative, or Leadership PAC Sponsor |
| | | | |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| Belggereit | | | |
| Relationship: | CITY ▲ | STAT | E ▲ ZIP CODE ▲ |
| Connected | d Organization Affiliated Committee | Joint Fundraising Repre | sentative Leadership PAC Sponso |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION | ▼ CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | | Telephone Number | |
| | | | |
| Banks or Other Deposito safety deposit boxes or ma | ories: List all banks or other depositories in aintains funds. | which the committee de | posits funds, holds accounts, rents |
| | | | |
| Depository, etc. | amated Bank | | |
| Mailing Address | 275 Seventh Avenue | | |
| | | | |
| | New York | NY | 10001 |
| | | | |

FEC Form 1S (Revised 02/2017)

| TITLE OR POSITION Banks or Other Deposito safety deposit boxes or material boxes or material boxes. Name of Bank, Depository, etc. Mailing Address | ries: List all bank | (| Telephone I | | s funds, ho | olds accounts, rents |
|---|--|--------------------------|--------------------|--------------------|-------------|----------------------|
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc. | ries: List all bank aintains funds. | (| | | s funds, ho | olds accounts, rents |
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc. | ries: List all bank aintains funds. | (| | | s funds, ho | olds accounts, rents |
| Banks or Other Deposito safety deposit boxes or ma | ries: List all bank aintains funds. | | | | s funds, ho | olds accounts, rents |
| Banks or Other Deposito safety deposit boxes or ma | ries: List all bank aintains funds. | | | | s funds, ho | olds accounts, rents |
| Banks or Other Deposito | ries: List all bank | ss or other depositories | | | s funds, ho | olds accounts, rents |
| TITLE OR POSITION | ▼ | | Telephone I | Number | | |
| TITLE OR POSITION | ▼ | | - | 1 | | 1_1 |
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| | | CITY A | | STATE ▲ | | ZIP CODE ▲ |
| | | | 1 | 1 . 1 |] | 1 1 |
| walling Address | | | | | | |
| Mailing Address | 1 | | | | | |
| Full Name | ,, | , | 1 1 1 1 1 1 | 1 1 1 1 | 1 1 1 1 | |
| Designated Agent: Identify | by name, addre | ss (phone number – opi | tional) | | | |
| Connected | d Organization | Affiliated Committee | Joint Fundraisin | g Representa | ative | Leadership PAC Spo |
| Relationship: | | CITY A | | STATE ▲ | | ZIP CODE ▲ |
| | | | , , , , , 1 | | | - |
| | | | | | | |
| Mailing Address | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| Name of Any Connected | Organization, Af | filiated Committee, Joi | nt Fundraising Re | presentative | e, or Lead | ership PAC Sponso |
| ** [| | | | | | |
| 4. | | | FEC I | D number | С | |
| 3. | | | | D number | С | |
| 3. | | | | D number D number | C | |
| 1 | | | | I) niimner | C | |

FEC Form 1S (Revised 02/2017)

| safety deposit boxes or ma | | e | NY | 10001 |
|--------------------------------|-------------------------------|----------------------------|----------------------------|---------------------------------|
| Name of Bank, Depository, etc. | aintains funds. amated Bank | e | | |
| Name of Bank, Depository, etc. | aintains funds. amated Bank | e | | |
| safety deposit boxes or ma | aintains funds. amated Bank | | | |
| safety deposit boxes or ma | aintains funds. | | | |
| | | | | |
| | riae: Liet all banks o | r other depositories in wh | ich the committee deposi | ts funds, holds accounts, rents |
| | | | Telephone Number | |
| TITLE OR POSITION | ▼ | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | OTTY | | 7ID 2255 : |
| | | | | |
| Mailing Address | | | | |
| Full Name | | | | |
| Designated Agent: Identify | y by name, address (| (phone number – optional | <u> </u> | |
| Connected | d Organization | Affiliated Committee | oint Fundraising Represent | ative Leadership PAC Spo |
| Relationship: | | CITY A | STATE A | ZIP CODE ▲ |
| | | | | |
| ivialility Address | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| Name of Any Connected | Organization, Affilia | ited Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Sponso |
| 4. | | | FEC ID number | [C] |
| 5. | | | FEC ID number | C |
| 3. | | | FEC ID number | C |
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FEC Form 1S (Revised 02/2017)

| safety deposit boxes or ma | | e | NY | 10001 |
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| Name of Bank, Depository, etc. | aintains funds. amated Bank | e | | |
| Name of Bank, Depository, etc. | aintains funds. amated Bank | e | | |
| safety deposit boxes or ma | aintains funds. amated Bank | | | |
| safety deposit boxes or ma | aintains funds. | | | |
| | | | | |
| | riae: Liet all banks o | r other depositories in wh | ich the committee deposi | ts funds, holds accounts, rents |
| | | | Telephone Number | |
| TITLE OR POSITION | ▼ | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | OTTY | | 7ID 2255 : |
| | | | | |
| Mailing Address | | | | |
| Full Name | | | | |
| Designated Agent: Identify | y by name, address (| (phone number – optional | <u> </u> | |
| Connected | d Organization | Affiliated Committee | oint Fundraising Represent | ative Leadership PAC Spo |
| Relationship: | | CITY A | STATE A | ZIP CODE ▲ |
| | | | | |
| ivialility Address | | | | |
| Mailing Address | | | | |
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| Name of Any Connected | Organization, Affilia | ited Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Sponso |
| 4. | | | FEC ID number | [C] |
| 5. | | | FEC ID number | C |
| 3. | | | FEC ID number | C |
| 2 | | | FEC ID number | C |

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

Page $\underline{^{33}}$ of $\underline{^{37}}$

| 4 , , , , , , , , | | FEC ID number | С |
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| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | | |
| 4. | | FEC ID number | C |
| ame of Any Connected C | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Spor |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| esignated Agent: Identify | by name, address (phone number – optional) | | |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION TO THE PROPERTY OF THE PRO | CITY A Te es: List all banks or other depositories in which | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main | CITY CITY Te es: List all banks or other depositories in which intains funds. | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring the properties of the position of t | CITY A Te es: List all banks or other depositories in which | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring the properties of the position of t | CITY CITY Te es: List all banks or other depositories in which intains funds. | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main ame of Bank, First Re- | CITY CITY Te es: List all banks or other depositories in which intains funds. epublic Bank | elephone Number | |

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

| (h). Joint Fundraising | | FEC ID number | C |
|--|--|----------------------------|---------------------------|
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
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| ame of Any Connected C | Organization, Affiliated Committee, Joint Fundra | aising Hepresentative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | | | |
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| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connected esignated Agent: Identify | Organization Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Representa | Leadership PAC S |
| | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify Full Name | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify Full Name | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) | | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori | by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mail | by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mail | by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which intains funds. | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriafety deposit boxes or mail ame of Bank, Bank of the pository, etc. | by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which intains funds. | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

Page $\frac{35}{}$ of $\frac{37}{}$

| n). Joint Fundraisi r | g raiticipant. | | |
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| 1 | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| ame of Any Connected | Organization, Affiliated Committee, Joi | nt Fundraising Representat | ive, or Leadership PAC Spor |
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| | | | |
| Mailing Address | | | |
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| | | | |
| Relationship: | CITY ▲ | STATE A | ▲ ZIP CODE ▲ |
| Connecte | d Organization Affiliated Committee | Joint Fundraising Represe | ntative Leadership PAC S |
| | d Organization Affiliated Committee y by name, address (phone number – opt | | ntative Leadership PAC S |
| esignated Agent: Identif | _ | | ntative Leadership PAC S |
| esignated Agent: Identif | _ | | ntative Leadership PAC S |
| esignated Agent: Identif | y by name, address (phone number – op | tional) | |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – opi | tional) | Leadership PAC S |
| esignated Agent: Identif | y by name, address (phone number – opi | tional) | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank, Califor | y by name, address (phone number – option of the control of the co | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank, Califor | y by name, address (phone number – option of the property of t | STATE A | ZIP CODE A |
| Full Name | ries: List all banks or other depositories aintains funds. | STATE A | ZIP CODE A |
| Full Name | ries: List all banks or other depositories aintains funds. | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

Page <u>36</u> **of** <u>37</u>

| TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION ZIP CODE A Telephone Number | | | | FEC ID number | C |
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| A. FEC ID number C 4. FEC ID number C FEC ID number FULL Number C FEC ID number C FEC | | | | | |
| A | | | | | |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC: esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | 3. | | | | |
| Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC: esignated Agent: Identify by name, address (phone number – optional) Full Name STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | 4. | | | FEC ID number | C |
| Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC : esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | ame of Any Connected | Organization, Affi | iliated Committee, Joint Fu | ndraising Representativ | ve, or Leadership PAC Spon |
| Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC : esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | | | | | |
| Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC : esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | | | | | |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. Affiliated Committee Joint Fundraising Representative Leadership PAC : Leadership | Mailing Address | | | | |
| Connected Organization | | | | | |
| Connected Organization | | | | | |
| Esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Amalgamated Bank Expectively, etc. Mailing Address 275 Seventh Avenue | Relationship: | | CITY A | STATE A | ZIP CODE ▲ |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Amalgamated Bank Expository, etc. Mailing Address 275 Seventh Avenue | | | | | |
| Telephone Number Telephone Nu | Full Name | | | | |
| Telephone Number Telephone Nu | | | | | |
| Telephone Number Telephone Nu | | | | | |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 275 Seventh Avenue | | | | | |
| afety deposit boxes or maintains funds. ame of Bank, Amalgamated Bank epository, etc. 275 Seventh Avenue Mailing Address 275 Seventh Avenue | Mailing Address | | CITY A | STATE A | ZIP CODE A |
| ame of Bank, Amalgamated Bank epository, etc. 275 Seventh Avenue Mailing Address | Mailing Address | | CITY A | | ZIP CODE A |
| epository, etc. 275 Seventh Avenue Mailing Address | Mailing Address TITLE OR POSITION anks or Other Deposito | ories: List all banks | | Telephone Number | |
| Mailing Address | Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma | ories: List all banks aintains funds. | s or other depositories in whi | Telephone Number | |
| New York NY 10011 _ _ | Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mainly deposited and ame of Bank, Amalg | ories: List all banks aintains funds. | s or other depositories in whi | Telephone Number | |
| New York | Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. | ories: List all banks aintains funds. | or other depositories in whi | Telephone Number | |
| | Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc. | ories: List all banks aintains funds. | or other depositories in whi | Telephone Number | |

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

Page $\frac{37}{}$ of $\frac{37}{}$

| h). Joint Fundraisi | ig Participant: | | | |
|--|--|-------------------------------|----------------|---------------------------|
| 1. | | FEC | ID number | C |
| 2. | | FEC | ID number | С |
| 3. | | FEC | ID number | С |
| 4. | | FEC | ID number | C |
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| ame of Any Connected | Organization, Affiliated Committee, J | oint Fundraising R | epresentativ | e, or Leadership PAC Spon |
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| Relationship: | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
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| | Affiliated Committee Ty by name, address (phone number – o | | ing Represent | ative Leadership PAC Sp |
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| esignated Agent: Identi Full Name Mailing Address | y by name, address (phone number – o | | STATE A | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – o | | STATE A | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | cy by name, address (phone number – of the control | optional) Telephone | STATE A Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma | cy by name, address (phone number – of the control | optional) Telephone | STATE A Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma | cy by name, address (phone number – of the control | Telephone s in which the comi | STATE A Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – or control of the control of t | Telephone s in which the comi | STATE A Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – or control of the control of t | Telephone s in which the comi | STATE A Number | ZIP CODE A |