| Image# 201911209165733008                         |                                |  | 11/20/201   |                                       |
|---|--------------------------------|--|---|---------------------------------------|
| FEC   | STATEMEI<br>ORGANIZ            | _  | PA  | GE 1 / 4 ——                           |
| FORM 1  | UNGANIZ                        | AHON   | Office like Only  |                                       |
| 1. NAME OF  | (Check if name                 | Example:If typing, type  | Office Use Only   |                                       |
| COMMITTEE (in full)                               | is changed)                    | over the lines.  | 121 E THO   |                                       |
| Asian Americans                                   | Rising                         |  |   |                                       |
|   |                                |  |   |                                       |
|   | 220 Newport Center Dr #11-1    | 173  |   | · · · · · · · · · · · · · · · · · · · |
| ADDRESS (number and street)                       |                                |  |   |                                       |
| is changed)                                       | Name at Describ                |  |   |                                       |
|   | Newport Beach                  |  |   |                                       |
|   | CITY A                         |  | STATE ▲ ZIP CC  | DDE 🔺                                 |
| COMMITTEE'S E-MAIL ADDRE                          |                                |  |   |                                       |
| <ul> <li>(Check if address is changed)</li> </ul> | katieassistant@outlool         | k.com  |   |                                       |
|   | Optional Second E-Mail Ad      | dress  |   |                                       |
|   |                                |  |   |                                       |
| COMMITTEE'S WEB PAGE AD                           |                                |  |   |                                       |
|   | 5 / Y Y Y Y<br>2019            |  |   |                                       |
| 3. FEC IDENTIFICATION N                           | UMBER ► C C                    | :00699314  |   |                                       |
| 4. IS THIS STATEMENT                              | NEW (N) OR                     | × AMENDED (A)  |   |                                       |
| I certify that I have examined t                  | his Statement and to the best  | of my knowledge and belief   | t is true, correct and complete.                          |                                       |
|   |                                | -  |   |                                       |
| Type or Print Name of Treasure                    | er Kalvoda, Katrina, Nguyen, , |  |   |                                       |
| Signature of Treasurer                            | oda, Katrina, Nguyen, ,        | [Electronically Filed]   | Date 11 / 20  | 2019                                  |
| NOTE: Submission of false, error                  |                                | may subject the person signing   | this Statement to the penalties of 2 L<br>VITHIN 10 DAYS. | J.S.C. §437g.                         |
| Office<br>Use<br>Only                             |                                | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530<br>Local 202-694-1100 |   |                                       |

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| FEC FC                      | orm 1 (Revised 02/2009)  | Page <b>2</b>                          |
|-----------------------------|--|--|
| TYPE OF (                   | COMMITTEE  |  |
| Candidat                    | e 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. (Comp<br>information below.)   | lete the candidate                     |
| Name of<br>Candidate        |  |  |
| Candidate<br>Party Affiliat | ion Office Sought: House Senate President  | State                                  |
| (c)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Name of<br>Candidate        |  |  |
| Party Co                    |  |  |
| (d)                         |  | Democratic,<br>Republican, etc.) Party |
| Political A                 | Action Committee (PAC):  |  |
| (e)                         | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr  | nected organization is                 |
|                             | Corporation Corporation w/o Capital Stock  | Labor Organization                     |
|                             | Membership Organization Trade Association  | Cooperative                            |
|                             | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| (f) <b>x</b>                | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)   | gregated fund or part                  |
|                             | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|                             | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |
| Joint Fun                   | draising 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. | o 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.         | o or more political                    |
| Con                         | mittees Participating in Joint Fundraiser  |  |
| 1.                          | FEC ID number  |  |
| 2.                          | FEC ID number  |  |
| 3.                          | FEC ID number  |  |
| 4.                          | FEC ID number  |  |

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Write or Type Committee Name

## Asian Americans Rising

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| AAPI 2020   |                                       |                                      |                              |
|---|---------------------------------------|--------------------------------------|------------------------------|
|   |                                       |                                      |                              |
| Mailing Address   | 3690 W. GANDY BLVD. #197              |                                      |                              |
|   |                                       |                                      |                              |
|   | TAMPA                                 | FL 3                                 | 3611<br>                     |
|   | CITY                                  | STATE                                | ZIP CODE                     |
| Relationship: Connect   | ted Organization                      | Solution Fundraising Representative  | Leadership PAC Sponsor       |
| <ol> <li>Custodian of Records: Id<br/>books and records.</li> </ol> | entify by name, address (phone number | optional) and position of the persor | n in possession of committee |

| Kalvoda, I        | Katrina, Nguyen, ,            |                  | 1          |
|-------------------|-------------------------------|------------------|------------|
| Full Name         |                               |                  |            |
| Mailing Address   | 220 Newport Center Dr #11-173 |                  |            |
|                   |                               |                  |            |
|                   | Newport Beach                 | CA 92660         |            |
| Title or Position | CITY                          | STATE            | ZIP CODE   |
| Treasurer         |                               | Telephone number | 273 - 5933 |

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<br>of Treasurer      | Kalvoda, Katrina, Nguyen, ,               |  |
|--------------------------------|---|--|
| Mailing Address                | 220 Newport Center Dr #11-173             |  |
|                                |   |  |
|                                | Newport Beach         CA         92660    |  |
|                                | CITY STATE ZIP CODE                       |  |
| Title or Position<br>Treasurer | Telephone number     714     273     5933 |  |

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| Full Name of<br>Designated<br>Agent | Kalvoda, Katrina, , ,         |                |
|-------------------------------------|-------------------------------|----------------|
| Mailing Address                     | 220 Newport Center Dr #11-173 |                |
|                                     |                               |                |
|                                     | Newport Beach                 |                |
|                                     | CITY                          | STATE ZIP CODE |
| Title or Position                   |                               |                |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| Wells                     | Fargo Bank             |                |  |
|---------------------------|------------------------|----------------|--|
| Mailing Address           | 21103 Newport Coast Dr |                |  |
|                           |                        |                |  |
|                           | Newport Coast          | CA  92657      |  |
|                           | CITY                   | STATE ZIP CODE |  |
| Name of Bank, Depository, | etc.                   |                |  |
|                           |                        |                |  |
| Mailing Address           |                        |                |  |
|                           |                        |                |  |
|                           |                        |                |  |
|                           | CITY                   | STATE ZIP CODE |  |