Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Northern California Carpenters Regional Council POWER PAC 265 Hegenberger Rd, Suite 200 ADDRESS (number and street) (Check if address is changed) Oakland 94621 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@keyslawcorp.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00891440 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Merfeld, Tiffany, , 11 21 2025 Signature of Treasurer Merfeld, Tiffany, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)			
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 Pre	State CA esident District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee				
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization				
Corporation Corporation w/o Capital Stock	Labor Organization			
Membership Organization Trade Association	Cooperative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	ate segregated fund or party			
In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
(g) X This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal call.	<del>_</del>			
(j) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate				
Committees Participating in Joint Fundraiser				
1C				

Treasurer

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6.		lorthern California Carpenters Regional Council POWER PAC me of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
٥.	or Any connected of	gamesto, , minuted committee, contractional	.g . ispicesinante, or Leadt	The opolison		
	Mailing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fu	indraising Representative	Leadership PAC Sponso		
			-			
7.	books and records.	fy by name, address (phone number optional) and p	position of the person in posse	ssion of committee		
	Full Name	1001 G Street, Suite 201				
	Mailing Address	1001 3 Silest, Suite 201				
		Sacramento	CA 9581	4		
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					
	Custodian of Records	Teleph	one number 916 -	890 – 3670		
8.	<b>Treasurer:</b> 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 Merfeld, Tit	fany, , ,				
	of Treasurer	1265 Hegenberger Rd, Suite 200				
	Mailing Address	200 Hageriberger Nu, Suite 200				
		Oakland	CA 9462	1		
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Title or Position -					

510

Telephone number

560

4788

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Full Name of Designated Agent	Poblete, Matthew, , ,					
Mailing Addres	265 Hegenberger Road, Suite 200					
	Oakland CA 94	R621 				
Title or Positio	CITY ▲ STATE ▲	ZIP CODE ▲				
Assistant Trea		- <u> </u>				
Banks or Othe safety deposit	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	Name of Bank, Depository, etc.					
	First Foundation Bank					
Mailing Addres	18101 Von Karman Avenue, #700					
	Irvine CA 92	612				
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Addres	s					
	CITY ▲ STATE ▲	ZIP CODE ▲				