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) Finsbury Glover Hering Corporation PAC 1032 15th Street NW ADDRESS (number and street) Suite 247 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS reporting@premier-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00466094 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. Krumholtz, Jack, , , Type or Print Name of Treasurer Krumholtz, Jack, , , [Electronically Filed] 03 18 2021 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

F	EC For	m 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cominformation below.)	nplete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	mittee:	(Dama avatia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4		

FEC Form 1 (Pavised	03/2000)		Daga 2
FEC Form 1 (Revised Write or Type Committee Nam			Page 3
	r Hering Corporation F	DAC	
			rahin DAC Canana
-	Organization, Affiliated Committee, Joint	rundraising Representative, or Leader	snip PAC Sponsor
Finsbury Glover Herin	g Corporation		
Mailing Address	1025 F Street NW		
J J	9th Floor		
	Washington	DC 20004	
	CITY	STATE	ZIP CODE
Polosius III 🗖 a		liantennana e e e e	and analysis DACC
Relationship: x Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative Lo	eadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number o	ptional) and position of the person in po	ossession of committee
Krumholtz Full Name	z, Jack, , ,		
Mailing Address	1032 15th Street NW		
Mailing Address	Suite 247		
	Washington	DC 20005	
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of th assistant treasurer).	e treasurer of the committee; and the n	ame and address of
Full Name Krumholtz	z, Jack, , ,		
of Treasurer	1032 15th Street NW		
Mailing Address	Suite 247		
	Washington	DC 20005	
	CITY	DC 20005 STATE	ZIP CODE
Title or Position , Treasurer	CITT		ZII OODL
		Telephone number	

Full Name of Designated Agent	Greer, Aleta, , ,	
Mailing Address	1032 15th Street NW	
	Suite 247	
	Washington 20005	-
	CITY STATE ZIF	CODE
Title or Position Assistant Treasu	surer Telephone number	
Banks or Other safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.	ccounts, rents
Name of Bank, [Depository, etc.	
Name of Bank, [Depository, etc. TD Bank, N.A.	1 1 1 1 1
	TD Bank, N.A.	
	TD Bank, N.A.	
Name of Bank, Dame of Bank, Da	TD Bank, N.A.	
	TD Bank, N.A. 605 14th Street NW Washington DC 20005	P CODE
Mailing Address	TD Bank, N.A. 605 14th Street NW Washington CITY STATE ZII	P CODE
Mailing Address	TD Bank, N.A. 605 14th Street NW Washington CITY STATE ZII	P CODE
Mailing Address Name of Bank, D	TD Bank, N.A. 605 14th Street NW Washington CITY STATE ZII Depository, etc.	P CODE
Mailing Address	TD Bank, N.A. 605 14th Street NW Washington CITY STATE ZII Depository, etc.	P CODE
Mailing Address	TD Bank, N.A. 605 14th Street NW Washington CITY STATE ZII Depository, etc.	P CODE
	TD Bank, N.A. 605 14th Street NW Washington CITY STATE ZII Depository, etc.	P CODE

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

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5(g)	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	•	Organization, Affiliated Committee, Joint Fundrais LC/Burson-Marsteller Political Action Comm	• .	
	Mailing Address	1110 Vermont Avenue, NW Suite 1000		
		Washington	, DC	, 20005
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization X Affiliated Committee Joint Fu	indraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address	1		
	ag / taa. eee			
	ag / taal.ees			
	ag . tau.ooc	CITY	STATE A	ZIR CODE A
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
		V	STATE A	ZIP CODE A
9.	TITLE OR POSITION	es: List all banks or other depositories in which the	phone Number	
9.	TITLE OR POSITION STATES OF THE POSITION STAT	es: List all banks or other depositories in which the	phone Number	
9.	Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the	phone Number	
9.	Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or other depositories in which the	phone Number	
9.	Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or other depositories in which the	phone Number	