PAGE 1/5

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) Pain Free America, the Political Action Committee of Athletico Holdings, LLC 2122 York Rd Ste 300 ADDRESS (number and street) (Check if address is changed) Oak Brook 60523 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS painfreePAC@athletico.com (Check if address is changed) Optional Second E-Mail Address craig.schieve@athletico.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2020 C00760660 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. Schieve, Craig, , , Type or Print Name of Treasurer Schieve, Craig,,, [Electronically Filed] 01 25 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

| ı | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| TYPE | E OF C | OMMITTEE | 1 ago 2 |
| Can | didate | 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. (Cominformation below.) | plete the candidate |
| Name Cand | | | |
| | lidate Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | | | |
| Parl | y Con | nmittee: | (D |
| (d) | | · · · · · | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.) | |
| Join | t Fund | Iraising 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. | vo 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 |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FFC Form 4 (Parisad 02/2000) | Dama 2 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| FEC Form 1 (Revised 02/2009) Write or Type Committee Name | Page 3 |
| | dingo IIC |
| Pain Free America, the Political Action Committee of Athletico Hol | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor |
| Athletico Holdings, LLC | |
| | |
| 2122 York Rd Mailing Address | |
| Ste 300 | |
| Oak Brook IL 60523 | |
| CITY STATE ZI | P CODE |
| | L: D400 |
| Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leader | ership PAC Sponsor |
| . Custodian of Records: Identify by name, address (phone number optional) and position of the person in posse books and records. | ssion of committee |
| Schieve, Craig, , , Full Name | 1 |
| 2122 York Rd Ste 300 | |
| Mailing Address | |
| Oak Brook | |
| | |
| Title or Position CITY STATE ZI | P CODE |
| Treasurer 630 - 25 Telephone number - - - | 9 - 5159 |
| B. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). | and address of |
| Full Name Schieve, Craig, , , | 1 |
| of Treasurer | |
| Mailing Address | |
| | |
| Oak Brook IL 60523 | |
| Title or Position | CODE |
| Treasurer | 9 - 5159 |

| I LO FUIII I | 1 (Revised 02/2009) | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|
| | | |
| Full Name of Designated H Agent | Hamilton, Nicholas, , , 60523 | |
| Mailing Address | 2122 York Rd Ste 300 | |
| | | |
| | Oak Brook | 1–1 |
| | CITY STATE | ZIP CODE |
| Title or Position Assistant Treasure | er Telephone number | 575 - 6279 |
| safety denosit hove | Depositories: List all banks or other depositories in which the committee deposits funds, hold be or maintains funds. | |
| safety deposit boxe Name of Bank, Dep | es or maintains funds. | |
| safety deposit boxe Name of Bank, Dep | es or maintains funds. | |
| safety deposit boxe Name of Bank, Dep | es or maintains funds. epository, etc. | |
| safety deposit boxe Name of Bank, Dep | es or maintains funds. spository, etc. Bank of America, N.A. | |
| safety deposit boxe Name of Bank, Dep | es or maintains funds. spository, etc. Bank of America, N.A. | |
| safety deposit boxe Name of Bank, Dep | Bank of America, N.A. P.O. Box 15284 | ZIP CODE |
| safety deposit boxe Name of Bank, Dep | Bank of America, N.A. P.O. Box 15284 Wilmington DE 19850 | |
| safety deposit boxe Name of Bank, Dep LE Mailing Address | Bank of America, N.A. P.O. Box 15284 Wilmington DE 19850 | |
| safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep | Bank of America, N.A. P.O. Box 15284 Wilmington CITY STATE Pository, etc. | |
| safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep | Bank of America, N.A. P.O. Box 15284 Wilmington CITY STATE Pository, etc. | |
| safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep | Bank of America, N.A. P.O. Box 15284 Wilmington CITY STATE Pository, etc. | |
| safety deposit boxe Name of Bank, Dep | Bank of America, N.A. P.O. Box 15284 Wilmington CITY STATE Pository, etc. | |

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

Form/Schedule: F1A Transaction ID:

Based on Raji Mathews leaving the Company, we have updated the Treasurer and Assistant Treasurer to the individuals now responsible for the roles.

Form/Schedule: Transaction ID: