

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Discourse USA

ADDRESS (number and street)

4240 Lost Hills Road

☐(Check if address
is changed)

Unit 903

Calabasas

CITY ▲

CA

STATE ▲

91301

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

davidk@discourseusa.com

Optional Second E-Mail Address

katzner.david@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒(Check if address
is changed)

https://www.discourseusa.com

2. DATE

MM / DD / YYYY
03 / 08 / 2021

3. FEC IDENTIFICATION NUMBER ►

C

C00771931

4. 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 Bernstein, Pamela, , Ms.,

Signature of Treasurer

Bernstein, Pamela, , Ms.,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 28 / 2021

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

- | | | | | |
|----|----------------------|---------------|---|----------------------|
| 1. | <input type="text"/> | FEC ID number | C | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C | <input type="text"/> |

Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Katzner, David, , Mr.,

Mailing Address

4240 Lost Hills Road

Unit 903

Calabasas

CA

91301

Title or Position

CITY

STATE

ZIP CODE

Manager

Telephone number

818

497

5160

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
of Treasurer

Bernstein, Pamela, , Ms.,

Mailing Address

9792 Martingham Circle

Unit 12

St. Michaels

MD

21663

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

202

412

4307

Full Name of
Designated
Agent

Kennedy, Audrey, , ,

Mailing Address

6701 Capistrano Avenue

West Hills

CITY

CA

STATE

91307

ZIP CODE

Title or Position

Agent

Telephone number

818

378

8682

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.

Capital Bank

Mailing Address

10700 Partridge Blvd.

Suite 180

Reston

CITY

VA

STATE

20191

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Bernstein, David, L.,
Full Name

Mailing Address

-

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Agent

Telephone Number 703 - 798 - 8719

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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Katzner, Daniel, , ,

Full Name

Mailing Address

921 President Street

Brooklyn NY 11215 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Agent

Telephone Number

 917 - 922 - 08089. **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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲