Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Citizens for Change PAC PO Box 221315 ADDRESS (number and street) (Check if address is changed) Beachwood 44122 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS citizens4changecle@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00750695 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. Wilson, Alex, , , Type or Print Name of Treasurer Wilson, Alex,,, [Electronically Filed] 80 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		J		
Citizens for Ch	hange PAC			
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	ndership PAC Sponsor		
NONE				
Mailing Address				
Walling Addices				
		_		
	CITY STATE	ZIP CODE		
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor		
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person i	n possession of committee		
Wilson,	, Alex, , ,	, , , , , , , , ,		
	PO Box 221315			
Mailing Address				
	Beachwood OH 44	22		
Title or Position	CITY STATE	ZIP CODE		
Treasurer	Telephone number	- 882 - 5548		
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the distribution is assistant treasurer).	ne name and address of		
Full Name Wilson, of Treasurer	Alex, , ,			
Mailing Address	PO Box 221315			
	Beachwood OH 441 CITY STATE	22 ZIP CODE		
Title or Position	1 216	882 5548		
	Telephone number			

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Full Name of Designated Agent			
Mailing Address		1 1 1 1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE
Title or Position			
	Tele	phone number	
safety deposit boxes or		e committee deposits funds, ho	lds accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank	one committee deposits funds, ho	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd Woodmere CITY	OH 44122	2
safety deposit boxes or Name of Bank, Deposition Deposi	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd Woodmere CITY	OH 44122	2
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd Woodmere CITY tory, etc.	OH 44122 STATE	2
safety deposit boxes or Name of Bank, Deposit PN	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd Woodmere CITY tory, etc.	OH 44122 STATE	2
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	r maintains funds. tory, etc. C Bank 27359 Chagrin Blvd Woodmere CITY tory, etc.	OH 44122 STATE	2