| Image# 202204119496039122 | | | | 04/11/2022 14 . 39 |
|-------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| FEC FORM 1 | STATEMEN ORGANIZA | | | PAGE 1 / 4 🗕 |
| | | | Of | fice Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| | ing Our Majority | | | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 600 Pennsylvania Ave SE | | | |
| (Check if address | #15180 | | | |
| is changed) | Washington | | DC 200 | 03 |
| | | | L L⊥_ STATE ▲ | |
| | | | | |
| | ESS ,fec@capcompliance.com | | | |
| (Check if address is changed) | | • | | |
| | Optional Second E-Mail Addre | ess | | |
| | | | | |
| (Check if address is changed) | | | | |
| | 11 ⁷ 2022 | | | |
| 3. FEC IDENTIFICATION I | NUMBER ► C COO | 812271 | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| 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 Treasu | er Janelli, Steven, , , | | | |
| Signature of Treasurer Jan | elli, Steven, , , | [Electronically Filed] | Date 04 | 11 / Y Y Y 2022 |
| NOTE: Submission of false, erro | neous, or incomplete information ma | | | penalties of 2 U.S.C. §437 |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

04/11/2022 14 : 59

| - | | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| FE | C Form 1 (Revised 02/2009) | Page 2 |
| TYPE (| DF COMMITTEE | |
| Candi | date Committee: | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information be | elow.) |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (information below.) | (Complete the candidate |
| Name o Candida | | |
| Candida Party A | | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committe | e. |
| Name o Candida | | |
| Party | Committee: | |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Politic | al Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) It | s connected 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 separa committee. (i.e., nonconnected committee) | te 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.) | |
| Joint F | undraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate. | for two or more political |
| | Committees Participating in Joint Fundraiser | |
| | CHRISSY HOULAHAN FOR CONGRESS | C00637371 |
| | COMMITTEE TO ELECT JARED GOLDEN E. FEC ID number | C00653816 |
| | 3 FEC ID number | |
| | I. | |

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Write or Type Committee Name

Path to Maintaining Our Majority

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

| Mailing Address | | | | |
|-------------------------|----------------------------|----------------------------|----------------|------------------------|
| | | | | |
| | | | | |
| CITY STATE ZIP CODE | | | ZIP CODE | |
| Relationship: Connected | Organization Affiliated Co | ommittee 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.

| Janelli, Ste | even, , , |
|-------------------|-------------------------|
| Full Name | |
| Mailing Address | 600 Pennsylvania Ave SE |
| | #15180 |
| | Washington DC 20003 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number |

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 | Janelli, Steven, , , |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mailing Address | 600 Pennsylvania Ave SE |
| | #15180 |
| | Washington DC 20003 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - |
| | CITY STATE ZIP CODE |
| Title or Position | Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Nissen, Melissa, , , | |
|-------------------------------------|------------------------------------|--|
| Mailing Address | 600 Pennsylvania Ave SE | |
| | #15180 | |
| | Washington DC 20003 | |
| | CITY STATE ZIP CODE | |
| Title or Position | urer Telephone number 202 544 6960 | |

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.

| Ama | Igamated Bank | | | | |
|------------------------|--------------------------------|-----------|------|--|--|
| Mailing Address | 1825 K St NW | | | | |
| | | | | | |
| | Washington | DC 20036 | | | |
| | CITY | STATE ZIP | CODE | | |
| Name of Bank, Deposito | Name of Bank, Depository, etc. | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | CITY | STATE ZIP | CODE | | |