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. **End Citizens United** P.O. Box 66005 ADDRESS (number and street) (Check if address is changed) Washington 20035 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@endcitizensunited.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) endcitizensunited.org (Check if address is changed) DATE 01 2019 C00573261 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. Coleman, Kimberly, , , Type or Print Name of Treasurer Coleman, Kimberly, , , [Electronically Filed] 04 02 2019 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 4go 2
Cano	didate	Committee:	
(a)	Ш	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 Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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 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.		

Write or Type Committee Name End Citizens Unit 6. Name of Any Connected Orga NONE Mailing Address		Filiated C	commit	ttee, Jo	oint F	undra	aising	Repre	esentati	ve, or L	_eaders	hip PAC	Spons	or
NONE		Filiated C	Commit	ttee, Jo	oint F	undra	aising	Repre	esentati	ve, or L	_eaders	hip PAC	Spons	or
NONE	ganization, Affi	iliated C	Commit	ttee, Je	oint F	undra	aising	Repre	esentati	ve, or L	_eaders	hip PAC	Spons	or
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Mailing Address						<u> </u>								
Mailing Address							1 1		1 1					
Mailing Address														
L													- 📖	
		1	CITY						STATE			ZIP CC	DE	
Relationship: Connected Or)rganization	Affiliate	ed Com	nmittee		Joint F	Fundra	aising	Represe	entative	Le	adership	PAC Sp	onso
Custodian of Records: Identify books and records.	y by name, add	dress (pl	hone n	number	op	tional)) and	positic	on of the	e perso	n in pos	ssession	of com	mitte
Coleman, Kim	mberly, , ,	<u> </u>	I <u> </u>	I <u>I</u>	<u> </u> _	 _ <u> </u> _	l <u>_</u> _	I_ <u></u>	I <u> </u>	l <u>L_L</u>	I <u> </u>	<u> </u>	I	I _L_
	P.O. Box 66005	5												
L					<u> </u>	<u> </u>		1 1						
L	Washington								DC		20035		-	
Title or Position		(CITY						STATE			ZIP CO	DE	
Treasurer						Tele	ephone	e numl	ber (202		798	52	53
Treasurer: List the name and ac any designated agent (e.g., assis	address (phone sistant treasure	e number er).	opt	tional)	of the	treas	surer o	of the	committ	ee; and	I the na	me and	address	of
Full Name Coleman, Kiml of Treasurer	nberly, , ,													
Mailing Address	P.O. Box 66005	; 												
L														
L _W	Washington								DC	2	20035			
Title or Position		(CITY					;	STATE			ZIP CO		
Treasurer						Tele	phone	numl	oer	202	_ _	798 	- 52	53

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Full Name of Designated Agent	Muller, Tiffany, , ,	
Mailing Address	P.O. Box 66005	
	Washington DC 20035	
		CODE
Title or Position President		_ 5253
	Depositories: List all banks or other depositories in which the committee deposits funds, holds acoxes or maintains funds.	ccounts, rents
Name of Bank, I		
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW	
	Amalgamated Bank	
Name of Bank, I	Amalgamated Bank	
Name of Bank, I	Amalgamated Bank 1825 K Street NW Washinton DC 20006	P CODE
Name of Bank, I	Amalgamated Bank 1825 K Street NW Washinton CITY STATE ZIP	CODE
Name of Bank, I	Amalgamated Bank 1825 K Street NW Washinton CITY STATE ZIP	CODE
Name of Bank, I	Amalgamated Bank 1825 K Street NW Washinton CITY STATE ZIP Depository, etc.	CODE
Name of Bank, I	Amalgamated Bank 1825 K Street NW Washinton CITY STATE ZIP Depository, etc.	CODE
Name of Bank, I	Amalgamated Bank 1825 K Street NW Washinton CITY STATE ZIP Depository, etc.	CODE