Only

STATEMENT OF

PAGE 1 / 4

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. Sad Reality Acceptance Committee 177 N. Alexandria Ave. ADDRESS (number and street) Apt D (Check if address is changed) Los Angeles 90004-6298 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bill@sadreality.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.sadreality.org/ (Check if address is changed) DATE 08 2020 C00748038 FEC IDENTIFICATION NUMBER > 3. 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. Snitzer, William, , , Type or Print Name of Treasurer Snitzer, William, , , [Electronically Filed] 06 08 2020 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

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. (Complete the candidate information below.)		
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.		
		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.			

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Sad Reality Acceptance Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative L	_eadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in p books and records. 	cossession of committee
Snitzer, William, , , Full Name	1
177 N. Alexandria Ave.	
Mailing Address Apt D	
Los Angeles CA , 90004	-6298
Title or Position CITY STATE	ZIP CODE
	320 6721
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the rany designated agent (e.g., assistant treasurer). 	name and address of
Full Name Snitzer, William, , ,	1
of Treasurer	
Mailing Address	
Apt D	
Los Angeles CA 90004-	
CITY STATE Title or Position	ZIP CODE
Telephone number	320 6721

	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1.
	Telephone number	
US	Bank	
Mailing Address	710 W Olympic Blvd Los Angeles CA	90015
Mailing Address	710 W Olympic Blvd	90015 ZIP CODE
Mailing Address Name of Bank, Deposit	T10 W Olympic Blvd Los Angeles CITY STATE	
	T10 W Olympic Blvd Los Angeles CITY STATE	
	T10 W Olympic Blvd Los Angeles CITY STATE tory, etc.	
Name of Bank, Deposit	T10 W Olympic Blvd Los Angeles CITY STATE tory, etc.	
Name of Bank, Deposit	T10 W Olympic Blvd Los Angeles CITY STATE tory, etc.	