

**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

Sad Reality Acceptance Committee

ADDRESS (number and street)

177 N. Alexandria Ave.



(Check if address is changed)

Apt D

Los Angeles

CITY ▲

CA

STATE ▲

90004-6298

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

bill@sadreality.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

https://www.sadreality.org/

2. DATE

MM / DD / YYYY
06 / 08 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00748038

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 Snitzer, William, , ,

Signature of Treasurer

Snitzer, William, , ,

[Electronically Filed]








Date

MM / DD / YYYY
06 / 08 / 2020

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.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Sad Reality Acceptance Committee**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

Snitzer, William, , ,

Mailing Address

177 N. Alexandria Ave.

Apt D

Los Angeles

CA

90004-6298

Title or Position

CITY

STATE

ZIP CODE

Telephone number

213

320

6721

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

Snitzer, William, , ,

Mailing Address

177 N. Alexandria Ave.

Apt D

Los Angeles

CA

90004-6298

Title or Position

CITY

STATE

ZIP CODE

Telephone number

213

320

6721

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

US Bank

Mailing Address

710 W Olympic Blvd

Los Angeles

CA

90015

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE