Only

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STATEMENT OF **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. Humanity Forward PAC 499 SOUTH CAPITOL STREET, SW ADDRESS (number and street) SUITE 407 (Check if address is changed) WASHINGTON 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lora@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00745323 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. Haggard, Lora, , , Type or Print Name of Treasurer Haggard, Lora,,, [Electronically Filed] 09 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
	naidate	didate 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			
	Committees 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 Name)	
Humanity Forwa	ard PAC	
-	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
Rep Ted Lieu - Humar	nity Forward PAC Joint Committee	
Mailing Address	PO Box 15320	
o	Washington DC CITY STATE	20003 ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponso
Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the per	son in possession of committee
Haggard, L Full Name Mailing Address	Lora, , , , , , , , , , , , , , , , , , ,	
ividiling Address	SUITE 407	
	WASHINGTON	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	3 443 3308
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
Full Name Haggard, L	ora, , ,	
Mailing Address	499 SOUTH CAPITOL STREET, SW	
	SUITE 407	
	14/4 01/11/10/2011	
	CITY STATE	ZIP CODE

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Full Name of Designated Agent			
Mailing Address			
	CITY	TATE ZI	IP CODE
Title or Position		1	1 1
	Telephone numb	er	
safety deposit boxes of Name of Bank, Deposi	r maintains funds.		,
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc.	DC 20003	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington	DC 20003	IP CODE
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY	DC 20003	IP CODE
safety deposit boxes of Name of Bank, Deposition Bank, Mailing Address	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY	DC 20003	IP CODE
safety deposit boxes of Name of Bank, Deposition Bank, Deposition Bank, Mailing Address	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY Sitory, etc.	DC 20003	IP CODE
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY Sitory, etc.	DC 20003	IP CODE
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY Sitory, etc.	DC 20003	IP CODE