PAGE 1 / 4

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. CounterPAC 3855 25th Street ADDRESS (number and street) (Check if address is changed) San Francisco 94114 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@counterpac.org (Check if address is changed) Optional Second E-Mail Address info@counterpac.org COMMITTEE'S WEB PAGE ADDRESS (URL) counterpac.org (Check if address is changed) DATE 04 2015 C00566778 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Zack Booth Simpson Type or Print Name of Treasurer Zack Booth Simpson [Electronically Filed] 02 19 2016 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye Z
Can	ndidate	Committee:	
(a)		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo 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 Nam		. 490 -
CounterPAC		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative I	_eadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	possession of committee
	oth Simpson	
Full Name	3202 Hemphill Park	
Mailing Address		
	Austin , TX , 78705	
Title or Position	CITY STATE	ZIP CODE
Treasurer		
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Zack Boo of Treasurer	oth Simpson	
Mailing Address	3202 Hemphill Park	
	Austin TX 78705 CITY STATE	ZIP CODE
Title or Position Treasurer		

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds tes or maintains funds. Pepository, etc. JPMorgan Chase Bank, N.A.	accounts, rents
safety deposit box Name of Bank, D	pepository, etc. JPMorgan Chase Bank, N.A. P.O. Box 659754	accounts, rents
safety deposit box Name of Bank, D	pes or maintains funds. pepository, etc. JPMorgan Chase Bank, N.A.	accounts, rents
safety deposit box Name of Bank, D	P.O. Box 659754 San Antonio TX 78265	accounts, rents
safety deposit box Name of Bank, D	P.O. Box 659754 San Antonio CITY STATE Z	
safety deposit box Name of Bank, D Mailing Address	P.O. Box 659754 San Antonio CITY STATE Z	
safety deposit box Name of Bank, D Mailing Address	P.O. Box 659754 San Antonio CITY STATE Z	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	P.O. Box 659754 San Antonio CITY STATE Z	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	P.O. Box 659754 San Antonio CITY STATE Z	