Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) TTM Technologies Inc. Political Action Committee 200 East Sandpointe ADDRESS (number and street) Suite 400 (Check if address is changed) Santa Ana 92707 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vitaly.libman@ttmtech.com (Check if address is changed) Optional Second E-Mail Address dirk@campaignfinancesolutions.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00752766 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. Libman, Vitaly, , , Type or Print Name of Treasurer Libman, Vitaly, , , [Electronically Filed] 07 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 Form	1 (Revised 02/2009)	Page 2
TYPE OF COM		
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.	
	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee: (National, State	(Democratic,
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party
Political Acti	on Committee (PAC):	
(e) x T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
[Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (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.)	
Joint Fundrai	sing Representative:	
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3		
4.		

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Write or Type Committee Name	raye 3
TTM Technologies Inc. Political Action Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hin PAC Sponsor
	inp i Ao oponsoi
TTM Technologies Inc.	
200 East Sandpointe Mailing Address	
Suite 400	
Santa Ana CA 92707	
CITY STATE	ZIP CODE
Delationalsin. M. Connected Organization: D. Affiliated Committee D. L. 1.5. D. 1.1.1. D. 1.1.1.	adarahin DAC Co
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posbooks and records.	session of committee
Smith, Dirk, , , Full Name	1
4500 15th Street NW Mailing Address	
Walling Address	
Washington DC 20011	
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number	271 - 3872
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the na any designated agent (e.g., assistant treasurer). 	me and address of
Full Name Libman, Vitaly, , ,	
of Treasurer	
Mailing Address	
Suite 400	
St. Louis MO 63141	7ID CODE
Title or Position	ZIP CODE
Treasurer Telephone number	719 - 1841

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Full Name of Designated Agent	Weber, Daniel, , ,	
Mailing Address	520 Maryville Centre	
	Suite 400	
	St. Louis CITY MO 63141 STATE	ZIP CODE
Title or Position Assistant Treasure	er	719 – 1845
Banks or Other Do safety deposit boxe	Depositories: List all banks or other depositories in which the committee deposits funds, holds es or maintains funds.	accounts, rents
Name of Bank, De		1
Name of Bank, Dep	epository, etc.	
Name of Bank, De	epository, etc. Chain Bridge Bank	
Name of Bank, Dep	epository, etc. Chain Bridge Bank	
Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101	ZIP CODE
Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	ZIP CODE
Name of Bank, De	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	ZIP CODE
Name of Bank, De	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Expository, etc.	ZIP CODE
Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Expository, etc.	ZIP CODE
Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Expository, etc.	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment is to designate a new Treasurer for this committee.

Form/Schedule: Transaction ID: