**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Legislative Majority PAC 1225 I St NW ADDRESS (number and street) Ste 1250 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@dlcc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.legislativemajoritypac.com/ (Check if address is changed) DATE 2021 C00627075 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. Kashner, Heather, , , Type or Print Name of Treasurer Kashner, Heather, , , [Electronically Filed] 03 10 2022 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

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		OMMITTEE	i uyo 🚣				
Can	ndidate	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.)					
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	committee:					
(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)	×	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	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 Na		Ÿ
Legislative Ma	ajority PAC	
	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the pe	erson in possession of committee
Kashne	er, Heather, , ,	
Mailing Address	1225 I St NW	
Mailing Address	Ste 1250	
	Washington	20005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202   -   449   -   6740
. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name Kashne of Treasurer	er, Heather, , ,	
Mailing Address	1225 I St NW	
	Ste 1250	
	Washington DC STATE	20005 ZIP CODE
Title or Position Treasurer		02 449 6740

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Full Name of Designated Agent	Kashner, Heather, , ,	<u> </u>				
Mailing Address	1225 I St NW					
	Suite 1250					
	Washington DC 20005 CITY STATE Z	ZIP CODE				
Title or Position Treasurer		49 6740				
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.						
	Amalgamated Bank					
Mailing Address	1825 K St NW					
	Washington DC 20006					
	CITY STATE 2	ZIP CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE 2	ZIP CODE				