STATEMENT OF

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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. The Fight PAC 1910 W. Sunset Blvd. ADDRESS (number and street) Ste. 450 (Check if address is changed) Los Angeles 90026 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@TheFightPAC.org (Check if address is changed) Optional Second E-Mail Address Amy@GraysConsulting.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.TheFightPAC.org (Check if address is changed) DATE 2018 C00685966 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. Avenatti, Michael, , , Type or Print Name of Treasurer Avenatti, Michael, , , [Electronically Filed] 12 06 2018 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

information below.) Name of Candidate Candidate Party Affiliation Candidate President Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (n) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this commi					
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The Fight PAC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Maffiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Suite 450 Los Angeles Title or Position CITY STATE ZIP CODE Treasurer Telephone number 360 - 918 - 4001 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 Avenatti, Michael, ,, of Treasurer Avenatti, Michael, ,, Interesurer Avenatti, Michael, ,, Interesurer Avenatti, Michael, ,, Interesurer STATE ZIP CODE Table or Position CITY STATE ZIP CODE Table or Position STATE ZIP CODE Table or Position STATE ZIP CODE Table or Position STATE ZIP CODE Table or Position STATE ZIP CODE Table or Position STATE ZIP CODE Table or Position STATE ZIP CODE	FEC Form 1 (Rev		Page 3
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 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. Full Name Avenatti, Michael, ., Full Name Mailing Address Suite 450 Los Angeles CA 90026 Treasurer Telephone number Avenatti, Michael ., Full Name of Treasurer Telephone number Avenatti, Michael ., Full Name of Treasurer Telephone number Avenatti, Michael ., Full Name of Treasurer Suite 450 Los Angeles CA 90026 CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE			
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Mailing Address Suite 450 Los Angeles CITY STATE ZIP CODE Title or Position		atti, Michael, , ,	
Los Angeles CITY STATE ZIP CODE Title or Position	Mailing Address	1910 W. Sunset Blvd	
CITY STATE ZIP CODE Title or Position		Suite 450	
Title or Position			

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position	Telephone number					
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.						
Mailing Address	amated Bank 1825 K Street NW					
Ividiling Address						
	Washington	20006				
	CITY STATE	ZIP CODE				
Name of Bank, Depository,	etc.					
Mailing Address						
	CITY STATE	ZIP CODE				