## 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 Lincoln Project 600 Pennsylvania Ave SE ADDRESS (number and street) #15180 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tlp@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.lincolnproject.us (Check if address is changed) DATE 2020 C00725820 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. Galen, Reed, , , Type or Print Name of Treasurer Galen, Reed,,, [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 Only

Local 202-694-1100

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TYPE OF C	COMMITTEE e 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. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affiliation	Office Sought: House Senate President  District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Com	nmittee:  (National, State (Democratic,		
(d)	This committee is a committee of the committee of the committee of the committee is a committee of the commi		
Political A	action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected			
	Corporation Corporation w/o Capital Stock Labor Organization		
	Membership Organization Trade Association Cooperative		
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)		
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political		
	committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(b)			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
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ш	committees/organizations, none of which is an authorized committee of a federal candidate.		
	committees/organizations, none of which is an authorized committee of a federal candidate.  mittees Participating in Joint Fundraiser		
Com	committees/organizations, none of which is an authorized committee of a federal candidate.  Imittees Participating in Joint Fundraiser		

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Write or Type Committee Nam		
The Lincoln Pro	•	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Nissen, M	Aelissa, , ,	1
Full Name	600 Pennsylvania Ave SE	
Mailing Address	#15180	
	Washington DC 2000	3
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 202 –	544 - 6960
Treasurer: List the name ar 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 Galen, Re	eed, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	<u> </u> #15180	
	Washington DC 2000	3
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202 –	544 - 6960

FEC <b>For</b> n	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Name of Bank, [	Amalgamated Bank  1825 K St NW  Washington  DC 120006	
_	CITY STATE	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: