Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Managed Funds Association Political Action Committee 600 14th Street, NW ADDRESS (number and street) Suite 900 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mfapac@managedfunds.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.managedfunds.org (Check if address is changed) DATE 20 2021 C00306894 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. Hadden, Brice, , Mr., Type or Print Name of Treasurer Hadden, Brice, , Mr., [Electronically Filed] 09 20 2021 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

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TYPE OF CO	DMMITTEE 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliatio	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political Ad	etion Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
` ' L	committees/organizations, none of which is an authorized committee of a federal candidate.	
Comr	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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W	rite or Type Committee Name				<u> </u>
1	Managed Fund	s Association Political Ac	tion Cor	mmittee	
6.		Organization, Affiliated Committee, Joint Fundra			ership PAC Sponsor
М	anaged Funds Asso	ciation			
L					
		COO 1 4th Ctreet NIW			
	Mailing Address	600 14th Street, NW			
		Suite 900			
		Washington		OC 20005	5 -
		CITY	S ⁻	TATE	ZIP CODE
	Relationship: x Connected	I Organization Affiliated Committee Joint F	Fundraising Rep	presentative	Leadership PAC Sponsor
	Treatment of the contraction	7 illinated Committee	undraising rep	oresentative	20ddorship i 710 oponsor
	Custodian of Records: Iden	tify by name, address (phone number optional)	and position of	of the person in	nossession of committee
	books and records.	any by name, dudiess (phone namber — optional)	and position (or the person in	possession of commuce
	Hadden, E	rice, , Mr.,			1
	Full Name	,600 14th Street, NW			
	Mailing Address	Suite 900			
		Washington		DC 2000	
	Title or Position	CITY	STA	ATE	ZIP CODE
	Treasurer			, 202 ,	, 730 ₁ 2600
		Tele	phone number		
· · · · · · · · · · · · · · · · · · ·	Treasurer: List the name and	d address (phone number optional) of the treas	urer of the con	nmittee: and the	name and address of
-	any designated agent (e.g., a				
	Full Name Hadden, B	rice, , Mr.,			1
	of Treasurer	600 14th Street, NW			
	Mailing Address				
		Suite 900			
		Washington		DC 20005	
	Title or Position	CITY	STA		ZIP CODE
	Treasurer		phone number	202	730 2600

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, ho coxes or maintains funds. Depository, etc.	olds accounts, rents
safety deposit b	Depository, etc. EagleBank 12001 K Street NW	
safety deposit t Name of Bank,	Depository, etc. EagleBank 2001 K Street NW Suite 150	
safety deposit to Name of Bank, Mailing Address	Depository, etc. EagleBank 2001 K Street NW Suite 150 Washington DC 20006	
safety deposit to Name of Bank, Mailing Address	Depository, etc. EagleBank 2001 K Street NW Suite 150 Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. EagleBank	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. EagleBank	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. EagleBank	

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

Form/Schedule: F1A Transaction ID:

Amending to add new bank account and remove old bank account.

Form/Schedule: Transaction ID: