FEC

Only

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. THE NEXT 50 PAC 217 E 70th St ADDRESS (number and street) Unit 282 (Check if address is changed) New York 10021 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS benleiner5@gmail.com (Check if address is changed) Optional Second E-Mail Address info@rogerthatcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00716423 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Leiner, Ben, , Date 04 15 2024 Signature of Treasurer Leiner, Ben, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: House Senate	State President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized co					
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on li	ine 6.) Its connected organization is a:				
	Писани				
Corporation Corporation w/o Capital Stock	Labor Organization				
Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative				
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated 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.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution a	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed	•				
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal call					
Committees Participating in Joint Fundraiser					
1.	C				

I	FEC Form 1 (Revised 02	2/2009)			l Page 3
٧	Vrite or Type Committee Name				
	THE NEXT 50 PA				
6.	Name of Any Connected Or NONE	ganization, Affiliated Committee	e, Joint Fundraising Repre	sentative, or Lead	dership PAC Sponsor
	NONE				
	Mailing Address				
		CITY ▲		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiza	ation Joint Fundraising	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone numbe	er optional) and position o	f the person in poss	session of committee
	Leiner, Ben	, , ,			
	Mailing Address	PO Box 19197			
	3				
		Stanford		CA 943	05
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼	5111 =		OTATE =	211 0001 =
	Treasurer		Telephone num	ber	
8.	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 Leiner, Ben of Treasurer	,,, 			
	Mailing Address	PO Box 19197			
		Stanford		CA 943	05
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber	

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Full Name of Designated Agent								
Mailing Address								
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲					
		Telephone number						
Banks or Other Depositori safety deposit boxes or mair	es: List all banks or other depositories in ntains funds.	which the committee deposits fu	inds, holds accounts, rents					
Name of Bank, Depository, e	Name of Bank, Depository, etc.							
Wells Fa	argo Bank							
Mailing Address	1329 Wisconsin Ave NW							
	Washington	DC	20007					
	CITY ▲	STATE ▲	ZIP CODE ▲					
Name of Bank, Depository, etc.								
Mailing Address								
	CITY ▲	STATE ▲	ZIP CODE ▲					