Only

## 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) over the lines. is changed) BMO Financial Corporation Good Governance Fund: General 320 South Canal Street ADDRESS (number and street) (Check if address is changed) Chicago 60606 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address karen.morrissey@bmo.com is changed) Optional Second E-Mail Address ashley.ellefritz@bmo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00610154 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. Type or Print Name of Treasurer Ellefritz, Ashley, , 09 14 2023 Signature of Treasurer Ellefritz, Ashley, , , Date 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	below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	e. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized commi	
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) X This committee is a separate segregated fund. (Identify connected organization on line 6	6.) Its connected organization is
X 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 sepa committee. (i.e., nonconnected committee)	arate 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 account	unts (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 procommittees/organizations, at least one of which is an authorized committee of a federal	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	•
Committees Participating in Joint Fundraiser	
1 C	

Title or Position ▼

Treasurer

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_	FEC Form 1	-	2/2009)			Page <b>3</b>
٧	Vrite or Type Comm			_		1
			Corporation Good G			
6.			ganization, Affiliated Committe	e, Joint Fundraising I	Representative, or I	_eadership PAC Sponsor
	BMO Financ	ciai Corp				
	Mailing Address		320 South Canal Street			
			Chicago			60606
			CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: X	Connected	Organization Affiliated Organiz	zation Joint Fundra	aising Representative	Leadership PAC Sponso
7.	Custodian of Rec		fy by name, address (phone numl	per optional) and posit	tion of the person in p	possession of committee
		Ellefritz, As	hley, , ,			
	Full Name					
	Mailing Address		320 South Canal Street			
			Chicago			60606
			CITY A		STATE ▲	ZIP CODE ▲
	Title or Position	▼				
	Custodian of Reco	ords		Telephone	number 312	461 6677
8.			l address (phone number opti ssistant treasurer).	onal) of the treasurer o	f the committee; and	the name and address of
	Full Name	Ellefritz, As	hlev			
	of Treasurer					
	Mailing Address		320 South Canal Street			
			Chicago			60606
			CITY ▲		STATE ▲	ZIP CODE ▲

**461** 

Telephone number

6677

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	Full Name of Designated Agent		
	Mailing Address		
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
•	Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	olds accounts, rents
	Name of Bank, D	Depository, etc.	
		BMO Bank, N.A.	
	Mailing Address	320 South Canal Street	
		Chicago IL 60606	3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	Depository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	-		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fun		e, or Leadership PAC Spons
BMO Financial Corp	Good Governance Fund: Federal (BMO PA	AC)	
Mailing Address	320 South Canal Street		
	Chicago		60606
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identi Full Name   Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A