FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1			III			•												
1 NAME OF			(Ola - al. :f			lailf trus	in a tru		느	-	-	Offic	ce Us	e Onl	у			_
1. NAME OF COMMITTEE (in	full)		(Check if natis			ole:If typ ne lines.	oing, typ	е	12	FE4	lМ5							
MR. COOPER	RGROL	JP INC	C. PAC-I	FKA N	ATIO	NSTA	AR M	OR	GA(	3E	НО	LDI	NG	3S	INC	). P.	AC	
ADDRESS (number an	d street)	8950 Cy	press Water	s Blvd.								ı						
(Check if ad		I			1 1 1	1 1		1 1	I	I I	1 1	I	1 1	ı	1 1	ı	l I	
is changed)	)	Coppell	ITY 🛦						STA	X ATE A	L	7501 	9	 	]-[	DE 🛦		_
COMMITTEE'S E-MAI	IL ADDRES	S																
(Check if action is changed)		Colleer	.Edmundso	n@mrcoop	per.com				I									
	,	-	Second E-	Mail Addre	ess													_ 
																		┙
COMMITTEE'S WEB  (Check if action is changed)	ddress	RESS (U	RL)															
2. DATE 07		) / Y	y y y 2024															
3. FEC IDENTIFICA	ATION NU	MBER )	•	<b>C</b> C00	553099													
4. IS THIS STATEM	IENT	NEW	(N)	OR	×	AMEI	NDED (	(A)										
I certify that I have ex	xamined this	s Stateme	ent and to t	he best of	f my kno	owledge	and be	elief it	is tru	e, co	rrect	and (	comp	olete.				
Type or Print Name o	f Treasurer	Edmund	dson, Colleer	n, , ,														_
Signature of Treasurer	r E <u>dmur</u>	ndson, Co	leen, , ,					_	Date		M M	/	24		/ Y	2024		Y
NOTE: Submission of fa	alse, erroned		omplete info		-			-					enalt	ies o	f 52	U.S.C	. §30 <sup>-</sup>	<b>-</b> 109.
Office Use Only					Fe To	or further ederal Ele oll Free 80 ocal 202-6	ction Co 00-424-95	mmissic				F			<b>ORI</b> 06/20			

FE	C Form	1 (Revised 03/2022)	Page 2									
	TYPE C	OF COMMITTEE:										
	Candid	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. (Complete the information below.)	candidate									
	Name Candi											
	Candid Party	date Affiliation Office Sought: House Senate President	State									
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotriot									
		ne of didate										
	Party (	Committee:										
	(d)	This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party									
	Politica	al Action Committee (PAC):										
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:									
		X Corporation Corporation w/o Capital Stock Labor Org	ganization									
		Membership Organization Trade Association Cooperati										
		In addition, this committee is a Lobbyist/Registrant PAC.										
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 accounts (Hybrid PAC	C).									
		In addition, this committee is a Lobbyist/Registrant PAC.										
	Joint F	Fundraising Representative:										
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	more political									
	(i)	committees/organizations, at least one of which is an authorized committee of a federal candidate.										
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political									
	Com	nmittees Participating in Joint Fundraiser										
	1.	C										

Title or Position ▼

Treasurer

	_									
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٧	Vrite or Type Committee Name									
	MR. COOPER GRO	OUP INC. PAC-FKA NATIONSTAR MORGAGE HOLDING	GS INC. PAC							
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor									
	Mr. Cooper Group Inc	<b>).</b> 								
	Mailing Address	8950 Cypress Waters Blvd.								
		Coppell TX 75019								
		CITY ▲ STATE ▲	ZIP CODE ▲							
	Relationship: X Connected	Organization	Leadership PAC Sponso							
	Full Name Edmundson  Mailing Address	n, Colleen, , , , , , , , , , , , , , , , , , ,								
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲							
	Treasurer	Telephone number 972 - L	316 5581							
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the r ssistant treasurer).	name and address of							
	Full Name Edmundson of Treasurer	n, Colleen, , ,								
	Mailing Address	8950 Cypress Waters Blvd.								
		Dallas TX 75019								

CITY A

ZIP CODE ▲

5581

316

STATE lacktriangle

Telephone number

FEC <b>F</b> c	rm 1 (Revised 02/2009)			Page <b>4</b>
Full Name of Designated				
Agent				
Mailing Add	ress			
			<u> </u>	
Title or Pos	tion <b>▼</b>	CITY A	STATE ▲	ZIP CODE ▲
			Telephone number	
Banks or C safety depos	ther Depositories: List all batic boxes or maintains funds.	anks or other depositories in wh	ich the committee deposits f	unds, holds accounts, rents
Name of Ba	nk, Depository, etc.			
	Chase Bank			
Mailing Add	PO Box 182	2051		
	Columbus		OH	43218
		CITY ▲	STATE ▲	ZIP CODE ▲
Name of Ba	nk, Depository, etc.			
Mailing Add	ess			
		CITY ▲	STATE ▲	ZIP CODE ▲