PAGE 1/4

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) The Walt Disney Productions Employees PAC 425 3rd Street SW ADDRESS (number and street) **Suite 1100** (Check if address is changed) Washington 20024-3227 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Jessica.Moore@disney.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2021 C00197749 FEC IDENTIFICATION NUMBER > 3. 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. Bailey, Bill, , , Type or Print Name of Treasurer Bailey, Bill, , , [Electronically Filed] 01 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 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		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 s committee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Name	
The Walt Disi	ney Productions Employees PAC	
6. Name of Any Connecte	ted Organization, Affiliated Committee, Joint Fundraising Representation	entative, or Leadership PAC Sponsor
Walt Disney Produc	ctions	
Mailing Address	500 S. Buena Vista Street	
		CA 91521-0001 STATE ZIP CODE
Relationship: X Conne	ected Organization Affiliated Committee Joint Fundraising Re	epresentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	of the person in possession of committee
Moore Full Name	e, Jessica, , ,	
Mailing Address	425 3rd Street SW	
	Suite 1100	
	Washington	DC 20024-3227
Title or Position	CITY ST	TATE ZIP CODE
Custodian of Records	Telephone numbe	r 202 - 222 - 4700
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the co e.g., assistant treasurer).	ommittee; and the name and address of
Full Name Bailey of Treasurer	r, Bill, , ,	
Mailing Address	425 3rd Street SW	
-	Suite 1100	
	Washington	DC 20024-3227 _
Title on Desiries	CITY ST	TATE ZIP CODE
Title or Position Treasurer	Telephone number	r 202 - 222 - 4700

1 20 1 011	n 1 (Revised 02/2009)	Page 4
	(1.01.500 0212000)	i age 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
1	Telephone number	
safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	noius accounts, rents
Mailing Address	SunTrust Bank P.O. Box 622227	
Mailing Address	P.O. Box 622227	62-2227
Mailing Address	P.O. Box 622227	62-2227 ZIP CODE
Mailing Address Name of Bank, I	P.O. Box 622227 Orlando CITY STATE	
	P.O. Box 622227 Orlando CITY STATE	ZIP CODE
	P.O. Box 622227 Orlando CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	P.O. Box 622227 Orlando CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	P.O. Box 622227 Orlando CITY STATE Depository, etc.	ZIP CODE