FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4	
1. NAME OF COMMITTEE (in fu	(Check if name is changed) (Check if name over the lines.	12FE4M5	
ADDRESS (number and	street)		
 (Check if add is changed) 	Iress Chicago CITY ▲	IL 60603 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL	ADDRESS		
(Check if add is changed)	iress brandon.nemec@pharmacann.com		
COMMITTEE'S WEB P	Optional Second E-Mail Address jhunter@kelleydrye.com		
(Check if add is changed)			
2. DATE 04	/ D D / Y Y Y Y 28 2022		
3. FEC IDENTIFICA	TION NUMBER ► C C00813949		
4. IS THIS STATEME	NT NEW (N) OR AMENDED (A)		
I certify that I have exa Type or Print Name of	mined this Statement and to the best of my knowledge and belief Treasurer Nemec, Brandon, , ,	it is true, correct and complete.	
Signature of Treasurer	Nemec, Brandon, , , [Electronically Filed]	Date 04 / D D / Y Y Y Y 2022	
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED		
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		

arms of candidate Office State State candidate Office Sought: House Senate President candidate Office Sought: House Senate President District candidate Office State Office Senate President District candidate Office Sought: House Senate Office District candidate Office State Office Senate Office District candidate Office (National, State (Democratic, Republican, etc.) Part Office Republican, etc.) Part Political Action Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Cooperative Labor Organization maddition, this com	I	-			
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candidate	(b)				
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	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
2. FEC ID number	2.	FEC ID number			
3. FEC ID number	3.	FEC ID number			
4 FEC ID number C	4.	FEC ID number			

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Write or Type Committee Name

PharmaCann Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

PharmaCann Inc.			
Mailing Address	190 South LaSalle Street		
	Chicago		60603
	CITY	STATE	ZIP CODE
Relationship: 🗶 Connec	cted Organization	loint Fundraising Represent	tative Leadership PAC Sponsor
 Custodian of Records: In books and records. 	dentify by name, address (phone number opti	ional) and position of the p	person in possession of committee
	, Brandon, , ,		
Full Name			
Mailing Address	190 South LaSalle Street		

Mailing Address					
	Chicago)3
Title or Position		CITY		STATE	ZIP CODE
Custodian of Records			Telephone n	umber 888 –	493 - 6066

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 of Treasurer	Nemec, Brandon, , ,
Mailing Address	190 South LaSalle Street
	[]
	CITY STATE ZIP CODE
Title or Position	Telephone number 888 - 493 - 6066

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Full Name of Designated Agent	Pekala, Neal, , ,	
Mailing Address	190 South LaSalle Street	
	CITY STATE ZIP CODE	
Title or Position	rer Telephone number8884936066	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Burling	j Bank		
Mailing Address	141 West Jackson Blvd		
	Chicago		60604
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE