Image# 202403299627431298				PAGE 1 / 8
FEC FORM 1	STATEMEI ORGANIZ	-		Office Use Only
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	12rb4ht	,
Arnold & Porter K	aye Scholer LLP (A	PKS) Partners Po	litical Acti	
ADDRESS (number and street)	601 Massachusetts Ave. NW			
(Check if address is changed)				
	Washington			20001-3743
	CITY A		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	kevin.hudson@arnoldporte	r.com		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 03	29 / Y Y Y Y 2024			
3. FEC IDENTIFICATION	NUMBER ► C C	00216895		
4. 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 i	t is true, correct	t and complete.
Type or Print Name of Treasu	rer <u>Norwinski, Evelina, , ,</u>			
Signature of Treasurer No	rwinski, Evelina, , ,		Date 03	M / D D / Y Y Y Y 29 2024
NOTE: Submission of false, erro		may subject the person signing TION SHOULD BE REPORTED		o the penalties of 52 U.S.C. §3010 'S.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

03/29/2024 10 : 15

FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presid	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	Democratic, epublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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) X This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
X 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).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

	FEC Form 1 (Revised	d 02/2	009))																									F	Pag	e 3	,	
۷	Irite or Type Committee Nar	ne																															
	Arnold & Porter	Ka	ye	So	ch	ol	er	LI	_P) (A	۶k	(S	5) I	Pa	art	ne	ers	s I	C	lit	ic	al	A	ct	io	n	С	วท	۱m	nitt	ee	÷
6.	Name of Any Connected	Orga	niza	tion	1, A	ffili	ate	d C	om	mi	ttee	», J	oin	t F	une	drai	isir	ng I	Rep	ore	ser	ntat	ive	, o	r Lo	ead	lers	ship) P/	AC	Spo	ons	or
																															<u> </u>		
	Mailing Address																													<u> </u>			
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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Norwi	ski, Evelina, , ,	
Full Name		
Mailing Address	601 Massachusetts Ave. NW	
	Washington DC 20001	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Partner	Telephone number 202 942 6474	

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	Norwinski, Evelina, , ,
Mailing Address	601 Massachusetts Ave. NW
	Washington DC 20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Partner	Image: Telephone number 202 942 6474

FEC Form 1	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Nesbit, Sonja, , ,	
Mailing Address	601 Massachusetts Ave NW	
	Washington DC 20001	
Title or Position		42 5671

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.

	Truist Bank (Cathedral Branch)		
Mailing Address	3402 Wisconsin Ave NW		
	Washington	DC 20016	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amended Statement of Organization updates the Committees's co-chairs and discloses a new Assistant Treasurer.

Form/Schedule: Transaction ID:

FEC Form 1S	(Revised 02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(g) or (h). Joint Fundraising	Participant:	
1.		FEC ID number
2.		FEC ID number C
3.		FEC ID number
4.		FEC ID number
5. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
Mailing Address		
Relationship:		STATE A ZIP CODE A
Connected	Organization Affiliated Committee Joint Fu	undraising Representative Leadership PAC Sponse
. Designated Agent: Identify	by name, address (phone number – optional)	
Pierson, E Full Name	ugenia, , ,	
Mailing Address	601 Massachusetts Ave. NW	
	Washington	
TITLE OB POSITION Y		STATE A ZIP CODE A
TITLE OR POSITION	▼	STATE \blacktriangle ZIP CODE \bigstar whone Number $202 - 942 - 6564$
Co-Chair	Telep Telep	bhone Number 202 - 942 - 6564

Name of Bank, Depository, etc.	<u> </u>																							
Mailing Address																								
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																								 I

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

5(g) c	or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Deletionshin			
	Relationship:			
	Relationship:		undraising Representa	
8.	Connected			
8.	Connected	Organization Affiliated Committee Joint Finance Joint Fina		
8.	Connected Designated Agent: Identify Bashford,	Organization Affiliated Committee Joint Finance Joint Fina		
8.	Connected Connected Designated Agent: Identify Bashford, Full Name	Organization Affiliated Committee Joint F by name, address (phone number – optional) Janice, , ,		
8.	Connected Connected Designated Agent: Identify Bashford, Full Name	Organization Affiliated Committee Joint F by name, address (phone number – optional) Janice, , ,		
8.	Connected Connec	Organization Affiliated Committee Joint Filiated Committee Joint Filiated Committee Gold Massachusetts Ave. NW	undraising Representa	tive Leadership PAC Sponsor
8.	Connected Connected Designated Agent: Identify Bashford, Full Name	Organization Affiliated Committee Joint Filiated Committee Joint Filiated Committee Joint Filiated Committee Gold Nassachusetts Ave. NW	undraising Representa	tive Leadership PAC Sponsor
8.	Connected Connec	Organization Affiliated Committee Joint Filiated Committee Joint Filiated Committee Joint Filiated Committee Joint Filiated Committee Committee Committee Committee City Affiliated Committee City Affil	undraising Representa	tive Leadership PAC Sponsor Leadership PAC Sponsor 20001 20001 20001 21P CODE ▲

Depository, etc.																											
Mailing Address																											
																									· L		
	CITY 🔺														S	TAT	Έ			ZIP	C	DD	E				

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

5(g) or (h).	Joint Fundraising I	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. Name	of Any Connected Or	ganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
1	Mailing Address			
	l			
_				
ŀ	Relationship:	CITY A	STATE 🔺	ZIP CODE
	Connected O	rganization Affiliated Committee Joint Fu	undraising Representa	ative Leadership PAC Sponsor
8. Desigr	nated Agent: Identify by	y name, address (phone number – optional)		
Fu	Joseph, Jan	nes, , Mr.,		
Ma	ailing Address	601 Massachusetts Ave NW		
	l			
	l	Washington		20001
т	ITLE OR POSITION V	CITY A	STATE A	ZIP CODE
	o-Chair		ohone Number	202 942 5355
safety	or Other Depositories deposit boxes or maint	s: List all banks or other depositories in which the ains funds.	e committee deposit	s funds, holds accounts, rents

Depository, etc.																													
Mailing Address																													
																						L							
															S	TAT	Έ				ZIP	С	DD	E		I			