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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) Heights Finance Holding Co PAC 200 W. Hubbard ADDRESS (number and street) (Check if address is changed) **CHICAGO** 60654 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS BeccaFox@curo.com (Check if address is changed) Optional Second E-Mail Address buffymccarty@curo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.curo.com (Check if address is changed) DATE 16 2023 C00675389 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. Fox, Rebecca, , , Type or Print Name of Treasurer Fox, Rebecca,,, [Electronically Filed] 06 2023 Signature of Treasurer 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. FEC FORM 1

| Office | | | For further information contact: |
|--------|--|--|----------------------------------|
| Use | | | Federal Election Commission |
| | | | Toll Free 800-424-9530 |
| Only | | | Local 202-694-1100 |

| FEC Form 1 (Revised 03/2022) | Page 2 | | | | | |
|---|---|--|--|--|--|--|
| i. 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 prin information below.) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | |
| Name of Candidate | | | | | | |
| Candidate Office Party Affiliation Sought: House | Senate President District | | | | | |
| (c) This committee supports/opposes only one candidate, and is | NOT an authorized committee. | | | | | |
| Name of Candidate | | | | | | |
| Party Committee: | | | | | | |
| (d) This committee is a (National, State or subordinate) committee | (Democratic, etc.) Party | | | | | |
| | | | | | | |
| Political Action Committee (PAC): | | | | | | |
| (e) X This committee is a separate segregated fund. (Identify conne | cted organization on line 6.) Its connected organization is a: | | | | | |
| Corporation Corporation w | o Capital Stock Labor Organization | | | | | |
| Membership Organization Trade Association | ion Cooperative | | | | | |
| In addition, this committee is a Lobbyist/Registrant F | PAC. | | | | | |
| (f) This committee supports/opposes more than one Federal can committee. (i.e., nonconnected committee) | lidate, and is NOT a separate segregated fund or party | | | | | |
| In addition, this committee is a Lobbyist/Registrant F | addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| In addition, this committee is a Leadership PAC. (Ide | entify 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. | | | | | | |
| | | | | | | |
| | ittee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). | | | | | |
| In addition, this committee is a Lobbyist/Registrant F | AC. | | | | | |
| Joint Fundraising Representative: | | | | | | |
| (i) This committee collects contributions, pays fundraising expens committees/organizations, at least one of which is an authorize | · | | | | | |
| (j) This committee collects contributions, pays fundraising expens committees/organizations, none of which is an authorized com | · | | | | | |
| Committees Participating in Joint Fundraiser | | | | | | |
| 1. | C | | | | | |
| | | | | | | |

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|----|--|--|-------------------------------------|------------------------|
| ۷ | Vrite or Type Committee Name | _ | | |
| | | e Holding Co PAC | | |
| 6. | Name of Any Connected Or Heights Finance Hold | ganization, Affiliated Committee, Joint Fund | raising Representative, or Leade | ership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | 200 W. Hubbard | | |
| | | | | |
| | | CHICAGO | | 4 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Relationship: X Connected | Organization Affiliated Organization Jo | oint Fundraising Representative | Leadership PAC Sponso |
| | Tiolationismp. | Jigamzanon P / mmatod Organization | Tandraioning Proprocontains | Loadeleinp 17to opened |
| | | | | |
| 7. | Custodian of Records: Identi books and records. | fy by name, address (phone number optional) | and position of the person in posse | ssion of committee |
| | McCarty, Bu | iffy | | |
| | Full Name | | | |
| | Mailing Address | 3615 N Ridge Road | | |
| | | | | |
| | | Wichita | , KS , 67208 | |
| | | vicina | 10720 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | Custodian of Records | Т | elephone number 316 - | 425 - 1324 |
| | | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | l address (phone number optional) of the tressistant treasurer). | easurer of the committee; and the | name and address of |
| | Full Name Fox, Rebec | са, , , | | |
| | of Treasurer | | | |
| | Mailing Address | 200 W. Hubbard, 8th FI | | |
| | | | | |
| | | Chicago | IL 60654 | 4 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | Treasurer | | elephone number 312 - | 470 – 2000 |

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|-------------------------------------|---|-----------------------------|---------------------------|
| Full Name of Designated Agent | Rivard, Tashia, , , | | |
| Mailing Address | 200 W. Hubbard, 8th FI | | |
| | | | |
| | Chicago | IL I | 60654 |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Asst Treasurer | | elephone number 312 | |
| | Depositories: List all banks or other depositories in which ses or maintains funds. | the committee deposits fund | ds, holds accounts, rents |
| Name of Bank, D | epository, etc. | | |
| | Wells Fargo Bank | | |
| Mailing Address | 420 Montgomery Street | | |
| | | | |
| | San Francisco | CA L | 94104 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | <u> </u> | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |