PAGE 1/5 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) HEINEKEN USA INC GOOD GOVERNMENT FUND 360 Hamilton Avenue ADDRESS (number and street) **Suite 1103** (Check if address is changed) White Plains 10601-CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS hggf@heinekenusa.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00358234 FEC IDENTIFICATION NUMBER 3. X 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. Dornauer, Matthew, , , Type or Print Name of Treasurer Dornauer, Matthew, , , [Electronically Filed] 07 10 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

0	Office		For further information contact:
lι	Use		Federal Election Commission
c	Only		Toll Free 800-424-9530 Local 202-694-1100
	•		Local 202-034-1100

FEC Form 1 (Revised 03/2022)	Page 2					
TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (0	complete the candidate information below.)					
(b) This committee is an authorized committee, and is N 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: Ho	State 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	committee of the (Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Ident	fy connected organization on line 6.) Its connected organization is a					
<b>✗</b> Corporation Corpo	oration w/o Capital Stock Labor Organization					
Membership Organization Trade	Association Cooperative					
In addition, this committee is a Lobbyist/Re	gistrant PAC.					
(f) This committee supports/opposes more than one Fed committee. (i.e., nonconnected committee)	leral candidate, and is NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Re	gistrant PAC.					
In addition, this committee is a Leadership	PAC. (Identify sponsor on line 6.)					
(g) This committee is an independent expenditure-only p	olitical committee (Super PAC).					
In addition, this committee is a Lobbyist/Re	gistrant PAC.					
(h) This committee is a political committee with both com	tribution and non-contribution accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Re	gistrant PAC.					
Joint Fundraising Representative:						
(1)	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.					
(1)	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.	C					
- 1	C					

Title or Position ▼

Treasurer

	_					
	FEC Form 1 (Revise	·	Page <b>3</b>			
V	Vrite or Type Committee Na	JSA INC GOOD GOVERNMENT FUN	ID.			
6.		d Organization, Affiliated Committee, Joint Fundraising Representati				
	Mailing Address	360 Hamilton Ave				
		Ste 1103				
		White Plains				
		CITY ▲ STATE	▲ ZIP CODE ▲			
	Relationship: x Connec	cted Organization	entative Leadership PAC Sponso			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	Dornau	uer, Matthew, , ,				
	Full Name					
	Mailing Address	360 Hamilton Ave				
		Ste 1103				
		White Plains	10601-1841			
		CITY ▲ STATE	▲ ZIP CODE ▲			
	Title or Position ▼					
	Custodian of Records	Telephone number	914 - 681 - 4100			
8.	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	tee; and the name and address of			
		uer, Matthew, , ,				
	of Treasurer	360 Hamilton Ave				
	Mailing Address					
		Ste 1103				
		White Plains NY	10601-1841			
		CITY ▲ STATE	▲ ZIP CODE ▲			

4100

681

Telephone number

FEC Form 1	(Revised 02/2009)		Page <b>4</b>		
Full Name of Designated Agent	Dornauer, Matthew, , ,				
Mailing Address	360 Hamilton Ave				
	Ste 1103				
	White Plains	NY 10	0601-1841		
Title ou Decition	CITY ▲	STATE ▲	ZIP CODE ▲		
Title or Position		.   914	_   681   _   4100		
	Telephon	e number	-   101 -   1101		
	<b>Depositories:</b> List all banks or other depositories in which the corxes or maintains funds.	mmittee deposits funds,	holds accounts, rents		
Name of Bank, D	Depository, etc.				
	Chain Bridge Bank				
Mailing Address	1445-A Laughlin Ave				
	McLean	VA 22	101		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DCF H Ž G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

The amended report reflects new bank account.

Form/Schedule: Transaction ID: