FEC

Only

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Music Speaks: The SoundExchange, Inc. Legislative Fund 733 10th Street, NW ADDRESS (number and street) 10th Floor (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address LegislativeFund@SoundExchange.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00540153 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. Type or Print Name of Treasurer Karafotas, Peter, , 01 22 2024 Signature of Treasurer Karafotas, Peter, , , 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC Form 1 (Revised 03/2022) | e 2 | | | | | |
|--|-------------|--|--|--|--|--|
| 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 principal campaign committee. (Complete the candida information below.) | te | | | | | |
| Name of Candidate | | | | | | |
| Candidate Office Sought: House Senate President | - | | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | ii | | | | | |
| Name of Candidate | | | | | | |
| Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party | ty | | | | | |
| Political Action Committee (PAC): | | | | | | |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | ation is a: | | | | | |
| Corporation Corporation w/o Capital Stock Labor Organization | ก | | | | | |
| Membership Organization X 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 segregated fund or party committee. (i.e., nonconnected committee) | | | | | | |
| 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 | | | | | | |
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| | FEC Form 1 (Revised 0 | · · · · · · · · · · · · · · · · · · · | Page 3 | | | |
|----|--|--|----------------------------|--|--|--|
| V | Vrite or Type Committee Name | | | | | |
| _ | <u> </u> | The SoundExchange, Inc. Legislative Fund | | | | |
| 6. | - | rganization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor | | | |
| | SoundExchange, Inc | • | | | | |
| | | | | | | |
| | Mailing Address | 733 10th Street, NW | | | | |
| | | 10th Floor | | | | |
| | | Washington | 20001 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Bulatian ship - Managarata d | | | | | |
| | Relationship: X Connected | Organization Joint Fundraising Representativ | 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. | | | | | |
| | Carmody, Michael, , , | | | | | |
| | Full Name | | | | | |
| | Mailing Address | 733 10th Street, NW | | | | |
| | | 10th Floor | | | | |
| | | Washington DC | 20001 | | | |
| | | | | | | |
| | - | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | Custodian of Records | Telephone number | 2 - 640 - 5858 | | | |
| | | | | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; assistant treasurer). | nd the name and address of | | | |
| | Full Name Karafotas, | Peter, , , | | | | |
| | of Treasurer | | | | | |
| | Mailing Address | 733 10th Street, NW | | | | |
| | | 10th Floor | | | | |
| | | Washington | 20001 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | Treasurer | 202 | 2 - 640 - 5858 | | | |

Telephone number

| FEC Form 1 (Revised 02/2009) | | | | |
|--------------------------------------|---|-------------------|-----------------------------|--|
| Full Name of Designated Agent | Dadson, Timothy, , , | | | |
| Mailing Address | 733 10th Street, NW | | | |
| | 10th Floor | | | |
| | Washington | DC | 20001 | |
| | CITY A | STATE ▲ | ZIP CODE ▲ | |
| Title or Position Assistant Treasur | | number 2 | 02 - 640 - 5858 | |
| Banks or Other safety deposit box | Depositories: List all banks or other depositories in which the comnes or maintains funds. | nittee deposits f | unds, holds accounts, rents | |
| Name of Bank, D | epository, etc. | | | |
| | Wells Fargo Bank, N.A. | | | |
| Mailing Address | P.O. Box 63020 | | | |
| | | | | |
| | San Francisco | CA | 94163 | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Name of Bank, D | epository, etc. | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |

: 97 'A = G7 9 @ G B9 C I G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F Hz G7 < 98 I @ 'C F ' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amended to designate new PAC Treasurer.

Form/Schedule: Transaction ID: