**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Livable Communities PAC 1338 Hemlock St NW ADDRESS (number and street) (Check if address is changed) Washington 20012 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@evanskatz.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00426965 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Ma, Ana,,, Type or Print Name of Treasurer Ma, Ana, , , [Electronically Filed] 09 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>			
	F COMMITTEE	1 aye <b>2</b>			
Candid	didate 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. (Cominformation below.)	plete the candidate			
Name of Candida					
Candida Party Af	3.1133	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candida					
Party (	Committee:				
(d)		(Democratic, Republican, etc.) Party			
Politic	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is			
. ,	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization 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 se committee. (i.e., nonconnected committee)	gregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint F	undraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
(	committees Participating in Joint Fundraiser				
1	. C				
2	. FEC ID number				
3	. FEC ID number				
2	.				

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Write or Type Committee Nar		i aye <b>3</b>
Livable Comm		
	Organization, Affiliated Committee, Joint Fundraising Representative	/e, or Leadership PAC Sponsor
GRIJALVA, REP. RA		
Mailing Address	PO Box 1242	
	Tucson AZ	85702 
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Represen	ntative <b>x</b> Leadership PAC Sponsor
<ul> <li>Custodian of Records: Id books and records.</li> </ul>	entify by name, address (phone number optional) and position of the	person in possession of committee
Ma, Ana	,,,	
	1338 Hemlock St NW	
Mailing Address		
	Washington	20012
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	520 940 7754
B. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	ee; and the name and address of
Full Name Ma, Ana,	,,,	ı
of Treasurer	1338 Hemlock St NW	
Mailing Address		
	Washington	20012
Title or Position Treasurer	CITY STATE	ZIP CODE 520     940     7754
<u> </u>	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De		s accounts, rents
safety deposit box Name of Bank, De	es or maintains funds.	s accounts, rents
safety deposit box Name of Bank, De	PNC Bank  1799 Columbia Road, NW	zip code
safety deposit box Name of Bank, De	PNC Bank  1799 Columbia Road, NW  Washington  CITY  STATE	
safety deposit box Name of Bank, De Mailing Address	PNC Bank  1799 Columbia Road, NW  Washington  CITY  STATE	
Safety deposit box Name of Bank, De Mailing Address  Name of Bank, De	PNC Bank  1799 Columbia Road, NW  Washington  CITY  STATE	
safety deposit box Name of Bank, De Mailing Address	PNC Bank  1799 Columbia Road, NW  Washington  CITY  STATE	
Safety deposit box Name of Bank, De Mailing Address  Name of Bank, De	PNC Bank  1799 Columbia Road, NW  Washington  CITY  STATE	
Safety deposit box Name of Bank, De Mailing Address  Name of Bank, De	PNC Bank  1799 Columbia Road, NW  Washington  CITY  STATE	

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

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5(g) o	or(h). <b>Joint Fundraisin</b> g	g Participant:		
0(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Humber	U
6.		Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 70980		
		WASHINGTON	DC	20024
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	elephone Number	
	Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Mailing Address			<u> </u>
	Mailing Address			
	Mailing Address			