Image# 202202249493674355				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ	-		iffice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
ADDRESS (number and street)	1200 G ST NW			
(Check if address				
is changed)	WASHINGTON		DC 20	005
			STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	admin@evanskatz.con	n		
is changed)				
	Optional Second E-Mail Ad			
COMMITTEE'S WEB PAGE AL	DDRESS (URL)			
(Check if address				
is changed)				
	24 / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	IUMBER ► C c	00722348		
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	it is true, correct and	d complete.
Time or Drint Name of Transver	_{er} Raettig, Karla, , ,			
Type or Print Name of Treasur				
Signature of Treasurer	ttig, Karla, , ,	[Electronically Filed]	Date 02	/ D D / Y Y Y Y 24 2022
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis: Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009) Page 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 candidate information below.) Name of
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 candidate information below.) Name of Candidate Candidate Office Party Affiliation Office Sought: House Senate President District District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, etc.) Part Political Action Committee (PAC): This committee (PAC): Committee (PAC):
(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 candidate information below.) Name of Candidate Office Party Affiliation Office Name of Candidate Office State District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Office Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, etc.) Part Political Action Committee (PAC): This committee (PAC): This committee (PAC):
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President District District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (National, State or subordinate) committee of the (d) This committee is a (d) This committee (PAC):
information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President State District District Co 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 of the (Democratic, Republican, etc.) Part Political Action Committee (PAC):
Candidate Party Affiliation Office Sought: House Senate President State District District C(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 of the (Democratic, Republican, etc.) Par Political Action Committee (PAC):
Party Affiliation Sought: House Senate President (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 of the Political Action Committee (PAC):
Name of Candidate
Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC):
(d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC):
(d) This committee is a or subordinate) committee of the Republican, etc.) Part
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or par 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.)
Joint Fundraising Representative:
(g) 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.
(h) 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 FEC ID number
2 FEC ID number
3 FEC ID number
4 FEC ID number C

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

NATIONAL WILDLIFE FEDERATION ACTION FUND POLITICAL COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address		1200 G	St																				
		Suite 90	00																				
		Washir	ngton											DC	:		200	05			_		
						CITY								STA	TE				ZI	P C		Ξ	
Relationship:	Connected	l Organiz	ation	Af	filiate	ed Co	mmitt	ee	J	oint	Fund	raisi	ng F	Repre	esent	tativ	e	Le	eade	ersh	ip P <i>l</i>	AC S	Бро
Custodian of Red books and record			ame, a	ddres	ss (pł	hone	numt	oer	opt	ional) and	d po:	sitio	n of	the ₁	pers	son i	n po	osse	ssio	on of	COI	nm
	5.	ne, , ,			ss (pł	hone	numt	oer	opt	ional) and	d po:	sitio	n of	the	pers	son i	n pc	osse	ssio	on of		nm
books and record	5.				s (pł	hone	numt	Der	opt) and		sitio	n of	the	pers	son i	n pc	osse	ssio	on of		nn
books and record	5.	ne, , ,			ss (pł	hone	numt	Der	opt	ional) and		sitio	n of	the	pers	son i	n po	osse	ssio	on of		nm
books and record	5.	ne, , ,	< 33079		s (pł	hone	numt	Der	opt) and		sitio	n of		pers	son i		osse	ssio	on of		
books and record	5.	ne, , , PO Boy	< 33079			hone	numt	Der	opt	ional) and					pers					on of		

Full Name of Treasurer	Raettig, Karla, , ,
Mailing Address	1200 G St NW
	Suite 900
	Washington DC 20005
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 797 6605

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Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

Ama	algamated Bank		
Mailing Address	1825 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Deposite	ory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE