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) LPL Financial LLC Political Action Committee (LPL PAC) 75 State Street ADDRESS (number and street) 24th Floor (Check if address is changed) **Boston** 02109-MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS scott.vock@lpl.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 02 2015 C00486217 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. Scott Vock Type or Print Name of Treasurer Scott Vock [Electronically Filed] 03 2015 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. FEC FORM 1 (Revised 06/2012)

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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Compleinformation below.)	ete the candidate
Nam Can	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	a managaratia
(d)		· · · · ·	emocratic, epublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		X 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 segronmittee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fund	Iraising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

Title or Position Treasurer

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FEC Form 1 (Revised		Page 3
Write or Type Committee Nar		4.0)
LPL Financial	LLC Political Action Committee (LPL PA	AC)
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
LPL Financial LLC		
Mailing Address	75 State St	
	24th Floor	
	Boston	02109-1827
	CITY STATE	ZIP CODE
7. Custodian of Records: Id books and records. Peggy F	lentify by name, address (phone number optional) and position of the personal definition of the per	on in possession of committee
Mailing Address	75 State Street	
-	24th Floor	
	Boston	02109-1827
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	617 Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and , assistant treasurer).	d the name and address of
Full Name Scott Vo	ck	
Mailing Address	4828 Parkway Plaza	I
. J 		
	Charlotte NC	28217-1957

CITY

ZIP CODE

3441

733

STATE

Telephone number

704

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Kathy Bakke	
Agent		
Mailing Address	4828 Parkway Plaza	
	Charlotte NC 28	3217-1957
	CITY STATE	ZIP CODE
Title or Position Designated Age	ent Telephone number 858	- 450 - 9606
	r Depositories: List all banks or other depositories in which the committee deposits funds	, holds accounts, rents
Name of Bank,	Depository, etc. Bank of America	
-	Depository, etc. Bank of America 1655 Grant Street	
Name of Bank,	Depository, etc. Bank of America 1655 Grant Street	
Name of Bank,	Depository, etc. Bank of America 1655 Grant Street	1520
Name of Bank,	Depository, etc. Bank of America 1655 Grant Street	1520 ZIP CODE
Name of Bank,	Depository, etc. Bank of America 1655 Grant Street Concard CA 94 CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Bank of America 1655 Grant Street Concard CA 94 CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Bank of America 1655 Grant Street Concard CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 1655 Grant Street Concard CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 1655 Grant Street Concard CITY STATE Depository, etc.	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor LPL Financial LLC 75 State St Mailing Address 24th Floor MA 02109-1827 Boston **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number