Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Fox Corporation Political Action Committee II (FOX PAC II) 400 North Capitol Street, NW ADDRESS (number and street) Suite 890 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kjones@21cf.com (Check if address is changed) Optional Second E-Mail Address brien.bonneville@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00330019 FEC IDENTIFICATION NUMBER 3. 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. Jones, Kristopher, , , Type or Print Name of Treasurer Jones, Kristopher,,, [Electronically Filed] 2019 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

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		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 s committee. (i.e., nonconnected committee)	egregated 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 transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)		Page 3
Write or Type Committee Na	ame		
Fox Corporation	on Political Action C	ommittee II (FC	DX PAC II)
6. Name of Any Connected	d Organization, Affiliated Committee,	Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Fox Corporation			
Mailing Address	1211 Avenue of the Americas		
	New York	NY	10036
	CITY	STAT	TE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committe	e Joint Fundraising Repre	sentative Leadership PAC Sponsor
books and records.	dentify by name, address (phone numbe	er optional) and position of t	the person in possession of committee
Jones, Full Name	Kristopher, , ,		
Mailing Address	400 North Capitol Street, NW		
J	Suite 890		
	Washington	DC	20001
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 - 824 - 6517
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional J., assistant treasurer).) of the treasurer of the comm	ittee; and the name and address of
Full Name Jones, I	Kristopher, , ,		
Mailing Address	400 North Capitol Street, NW		
	Suite 890		
	Washington	DC	
Tille or Besti	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	202 824 - 6517

FEC FORM 1 (R	tevised 02/2009)			Page 4
Full Name of Designated				
Designated Agent				
Mailing Address				
	CITY	STATE	ZIP CO] – [
Title or Position				
	Telephone numb	oer		
Name of Bank, Deposit			<u> </u>	<u> </u>
safety deposit boxes or Name of Bank, Deposit We Mailing Address	r maintains funds. itory, etc.	DC	20001	
Name of Bank, Deposit	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington	DC	20001	
Name of Bank, Deposit	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington			
Name of Bank, Deposit We Mailing Address	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington CITY	DC	20001	
Name of Bank, Deposit We Mailing Address	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington CITY	DC	20001	
Name of Bank, Deposit	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington CITY	DC	20001	
Name of Bank, Deposit We Mailing Address	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington CITY	DC	20001	
Name of Bank, Deposit We Mailing Address	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington CITY	DC	20001	-
Name of Bank, Deposit	r maintains funds. Itory, etc. PIIS Fargo Bank, N.A. 444 North Capitol Street, NW Suite 700 Washington CITY	DC	20001	-

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ng i artioipanti		C
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
Fox Corporation	Political Action Committee (FOX PAC) 	
Mailing Address	400 North Capitol Street, NW		
Mailing Addices	Suite 890		
	Washington	DC	20001
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and the second content of the second content	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A