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. Mike Levin for Congress PO Box 2112 ADDRESS (number and street) (Check if address is changed) Capistrano Beach 92624 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://mikelevin.org (Check if address is changed) DATE 2021 C00634253 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. Nissen, Melissa, , , Type or Print Name of Treasurer Nissen, Melissa, , , [Electronically Filed] 07 13 2021 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

| | Form 1 (Revised 02/2009) | Page 2 |
|--------------------------|---|--|
| | COMMITTEE ate Committee: | |
| (a) x | | ·.) |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.) | mplete the candidate |
| Name of Candidate | Levin, Mike, , , | |
| Candidate Party Affil | DEM | State CA District 49 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party C | ommittee: | |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Politica | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | 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) | segregated 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 Fu | ndraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate. | |
| Co | ommittees Participating in Joint Fundraiser | |
| 1. | | |
| 2. | FEC ID number C | |
| 3. | | |
| 4 | | |

| Write or Type Committee Name Mike Levin for Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC: Levin Victory Fund 2020 Mailing Address 600 Pennsylvania Ave SE Mailing Address CITY STATE ZIP COD Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, Full Name Mailing Address Mailing Address Mailing Address Title or Position CITY STATE ZIP COD Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the comm | Sponsor |
|--|-----------------|
| Mike Levin for Congress 5. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC: Levin Victory Fund 2020 City State Zip Cool | |
| S. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC: Levin Victory Fund 2020 600 Pennsylvania Ave SE Mailing Address #15180 Washington CITY STATE ZIP COD Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name Mailing Address #15180 Washington DC 20003 Title or Position CITY STATE ZIP COD Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number | |
| Mailing Address #15180 Washington CITY STATE ZIP COD Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address Washington DC 20003 — Title or Position CITY STATE ZIP COD Treasurer Telephone number 202 — 544 — Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) | |
| Mailing Address #15180 Washington CITY STATE ZIP COD Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address Mailing Address Mailing Address Title or Position CITY STATE ZIP COD Treasurer Telephone number 202 - 544 - Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee of the committee of the committe | |
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| Mailing Address #15180 Washington CITY STATE ZIP COD Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address #15180 Washington CITY STATE ZIP COD Treasurer Telephone number 202 - 544 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address and the name | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address #15180 Washington CITY STATE ZIP COD Treasurer Telephone number 202 - 544 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address 600 Pennsylvania Ave SE Title or Position CITY STATE ZIP COD Treasurer Telephone number 202 544 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address and records. | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership For Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address #15180 Washington DC 20003 Title or Position CITY STATE ZIP COD Treasurer Telephone number 202 - 544 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address #15180 Washington CITY STATE ZIP COD Treasurer Telephone number 202 544 STRESSIGNED Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address and the name and address (phone number optional) of the treasurer of the committee; and the name and address and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) | |
| books and records. Nissen, Melissa, , , Full Name 600 Pennsylvania Ave SE Mailing Address #15180 Washington CITY STATE ZIP COD Treasurer Telephone number 202 - 544 - STRESSITE SIP COD Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | AC Sponso |
| Full Name 600 Pennsylvania Ave SE #15180 Washington CITY STATE ZIP COD Treasurer Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | f committee |
| Mailing Address #15180 Washington DC 20003 Title or Position CITY STATE ZIP COD Treasurer Telephone number Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | |
| #15180 Washington DC 20003 Title or Position CITY STATE ZIP COD Treasurer Telephone number Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | |
| Title or Position CITY STATE ZIP COD Treasurer Telephone number Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | |
| Treasurer Telephone number Telephone number Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a | Ē |
| | 6960 |
| any designated agent (e.g., assistant treasurer). | |
| Full Name Nissen, Melissa, , , | |
| of Treasurer | |
| Mailing Address | |
| #15180 | |
| Washington DC 20003 - | |
| CITY STATE ZIP COD Title or Position Treasurer | ddress of |

| 1 20 1 31111 1 | 1 (Revised 02/2009) | Page 4 |
|-------------------------------|--|---------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety denneit have | as ar maintaina funda | |
| Name of Bank, Dep | es or maintains funds. spository, etc. Amalgamated Bank | |
| Name of Bank, Dep | epository, etc. | |
| Name of Bank, Dep | epository, etc. Amalgamated Bank | |
| Name of Bank, Dep | epository, etc. Amalgamated Bank | |
| Name of Bank, Dep | Amalgamated Bank 1825 K St NW Washington DC 20003 | ZIP CODE |
| Name of Bank, Dep | Amalgamated Bank 1825 K St NW Washington CITY STATE | ZIP CODE |
| Name of Bank, Dep | Amalgamated Bank 1825 K St NW Washington CITY STATE California Bank & Trust | ZIP CODE |
| Name of Bank, Dep | Amalgamated Bank 1825 K St NW Washington CITY STATE STORY STATE | ZIP CODE |
| Name of Bank, Dep | Amalgamated Bank 1825 K St NW Washington CITY STATE California Bank & Trust | ZIP CODE |
| Name of Bank, Dep | Amalgamated Bank 1825 K St NW Washington CITY STATE STORY STATE | ZIP CODE |

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

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| 5(a) | or(h). Joint Fundraisin | o Participant: | | |
|-------|--|---|------------------------|--------------------------------|
| · (9) | 1. | <u> </u> | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | | | FEC ID number | C |
| | 4 | | | |
| 6. | Name of Any Connected California Candida | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Sponsor |
| | 1 | | | |
| | | 777 S Figueroa St | | |
| | Mailing Address | | | |
| | | Ste 4050 | | |
| | | Los Angeles | CA | 90017 |
| | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee X Joint | Fundraising Representa | ative Leadership PAC Sponsor |
| 8. | Designated Agent: Identify Full Name | y by name, address (phone number – optional) | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | | | |
| | | 1 | elephone Number | |
| 9. | safety deposit boxes or ma | ries: List all banks or other depositories in which aintains funds. of America | | s funds, holds accounts, rents |
| 9. | Name of Bank, Bank of | ries: List all banks or other depositories in which aintains funds. | | s funds, holds accounts, rents |
| 9. | Name of Bank, Depository, etc. | ries: List all banks or other depositories in which aintains funds. of America | | s funds, holds accounts, rents |
| 9. | Name of Bank, Depository, etc. | ries: List all banks or other depositories in which aintains funds. of America | | s funds, holds accounts, rents |

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

FEC Form 1S (Revised 02/2017)

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| 5(a) | or(h). Joint Fundraisin | α Participant: | | |
|-------|---|---|------------------------|------------------------------|
| - (3) | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| | 4. | | | |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representative | e. or Leadership PAC Sponsor |
| | Schiff Hold The H | | 3 4 | ,, |
| | | | | |
| | | | | |
| | Mailing Address | 777 S Figueroa St | | |
| | J | Ste 4050 | | |
| | | Los Angeles | ı CA | , 90017 |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | | | |
| | Connected | d Organization Affiliated Committee | Fundraising Representa | ative Leadership PAC Sponsor |
| 8. | Designated Agent: Identify | y by name, address (phone number - optional) | | |
| | Full Name | | | |
| | Mailing Address | | | |
| | | | | |
| | | | 1 1 1 | 1 |
| | | | | |
| | | CITY ▲ | STATE A | ZIP CODE ▲ |
| | TITLE OR POSITION | 1 | STATE A | ZIP CODE ▲ |
| | TITLE OR POSITION | • | STATE A | ZIP CODE ▲ |
| | | Te | elephone Number | |
| 9. | | ries: List all banks or other depositories in which | elephone Number | |
| 9. | Banks or Other Deposito safety deposit boxes or ma | ries: List all banks or other depositories in which aintains funds. | elephone Number | |
| 9. | Banks or Other Deposito safety deposit boxes or ma | ries: List all banks or other depositories in which aintains funds. | elephone Number | |
| 9. | Banks or Other Deposito safety deposit boxes or ma | ries: List all banks or other depositories in which aintains funds. | elephone Number | |
| 9. | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which aintains funds. | elephone Number | |
| 9. | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which aintains funds. | elephone Number | |

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

| 5(g) or (h). J | loint Fundraising | Participant: | | | | |
|--|--|---|------------------------------|--------------|------------------|------------|
| 1 | | | FEC ID | number | С | |
| 2 | | | FEC ID | number | C | |
| 3 | | | FEC ID | number | С | |
| 4 | | | FEC ID | number | С | |
| | Any Connected O | rganization, Affiliated Committee, Join | t Fundraising Repre | esentative, | or Leadership PA | C Sponsor |
| | | | | | | |
| Maili | ng Address | c/o Contribution Solutions, LLC | | | | |
| | | 1346 The Alameda, #7-380 | | | | |
| | | San Jose | | CA | 95126 | |
| Rela | tionship: | CITY A | | STATE A | ZIP CO | DE 🛦 |
| | Connected (| Organization Affiliated Committee | Joint Fundraising | Representati | ive Leadership | PAC Sponso |
| | | | | | | |
| B. Designate | d Agent: Identify b | y name, address (phone number - opti | onal) | | | |
| 3. Designate Full Na | | y name, address (phone number – opti | onal) | | | |
| Full Na | | y name, address (phone number – opti | onal) | | | |
| Full Na | ame | y name, address (phone number – opti | onal) | | | |
| Full Na | ame | y name, address (phone number – opti | onal) | | | |
| Full Na Mailing | ame | CITY A | | TATE A | ZIP CODI | |
| Full Na Mailing | ame | CITY A | | | ZIP CODI | · |
| Full Na Mailing TITLE | Address OR POSITION Other Depositorie osit boxes or main | CITY A | S ⁻ Telephone Nur | nber | | |
| Full Na Mailing TITLE Banks or safety depo | Address OR POSITION Other Depositorie osit boxes or main | CITY A | S ⁻ Telephone Nur | nber | | |
| Full Na Mailing TITLE Banks or safety depo | Address Other Depositorie osit boxes or main sank, etc. | CITY A | S ⁻ Telephone Nur | nber | | |

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

| 5(a) | or(h). Joint Fundraising | n Particinant | | |
|----------|---|---|------------------------|------------------------------|
| O(g) | 1. | , | FEC ID number | C |
| | | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | PEC ID Humber | U |
| 6. | Name of Any Connected (| Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | Mailing Address | PO Box 15320 | | |
| | | | | |
| | | Washington | DC DC | 20003 |
| | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee | Fundraising Representa | tive Leadership PAC Sponsor |
| | | | | |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| 8. | | by name, address (phone number – optional) | | |
| 8. | Full Name | by name, address (phone number – optional) | | |
| 8. | Full Name | by name, address (phone number – optional) | | |
| 8. | Full Name | CITY | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. 9. | Full Name | CITY CITY Tel ies: List all banks or other depositories in which t | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, | CITY CITY Tel ies: List all banks or other depositories in which t | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. | CITY CITY Tel ies: List all banks or other depositories in which t | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. | CITY CITY Tel ies: List all banks or other depositories in which t | lephone Number | |

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

| 5(g) or (h). Joint Fundraising I | Participant: | | |
|---|--|---------------------|------------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | | |
| | ganization, Affiliated Committee, Joint Fundrais | sing Representative | e, or Leadership PAC Sponsor |
| Bold Victory 2022 | | | |
| | | | |
| | 910 17th Street NW | | |
| Mailing Address | | | |
| l | Ste 925 | | |
| | Washington | DC | 20006 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connected O | rganization Affiliated Committee | | ative Leadership PAC Sponsor |
| 8. Designated Agent: Identify by | y name, address (phone number – optional) | | |
| | | | |
| 8. Designated Agent: Identify by | | | |
| 8. Designated Agent: Identify by | | | |
| 8. Designated Agent: Identify by | | | |
| 8. Designated Agent: Identify by | name, address (phone number – optional) | STATE A | |
| 8. Designated Agent: Identify by Full Name Mailing Address | name, address (phone number – optional) CITY | STATE A | |
| 8. Designated Agent: Identify by Full Name Mailing Address TITLE OR POSITION ▼ | r name, address (phone number – optional) CITY Teleposite to the control of th | phone Number | ZIP CODE A |