STATEMENT OF

PAGE 1/6

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) GrassRoots Organizing Wins (GROWPAC) 312 Clay Street, Suite 300 ADDRESS (number and street) (Check if address is changed) Oakland 94607 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS filings@seowenscompany.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2021 C00776823 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. Owens, Stacy, , , Type or Print Name of Treasurer Owens, Stacy, , , [Electronically Filed] 05 25 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

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e 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 Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Democratic,
(d)		Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)	
Joint Fun	draising 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
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee N	Name	
GrassRoots (Organizing Wins (GROWPAC)	
	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
None		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Ower	ns, Stacy, , ,	
Mailing Address	312 Clay Street, Suite 300	
	Oakland	94618
Title or Position	CITY STAT	E ZIP CODE
Custodian of Records	Telephone number	510 - 423 - 4300
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	nittee; and the name and address of
Full Name Owen of Treasurer	s, Stacy, , ,	
Mailing Address	312 Clay Street, Suite 300	
	Oakland	94607
Title or Position	CITY STATE	
Treasurer	Telephone number	510 - 423 - 4300

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Sullivan, Peter, , ,	
Agent	312 Clay Street, Suite 300	
Mailing Address		
	Oakland CA 94618	8
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		423 - 4300
Banks or Other safety deposit be Name of Bank,	Depository, etc.	
safety deposit be	Depository, etc. First Republic Bank ,2110 Mountain Boulevard	
safety deposit b Name of Bank,	Depository, etc. First Republic Bank 2110 Mountain Boulevard	
safety deposit b Name of Bank,	Depository, etc. First Republic Bank ,2110 Mountain Boulevard	1
safety deposit b Name of Bank,	Depository, etc. First Republic Bank 2110 Mountain Boulevard	1
safety deposit b Name of Bank,	Depository, etc. First Republic Bank 2110 Mountain Boulevard Oakland CA 9461	
safety deposit be Name of Bank, Mailing Address	Depository, etc. First Republic Bank 2110 Mountain Boulevard Oakland CA 9461	
safety deposit be Name of Bank, Mailing Address	Depository, etc. First Republic Bank 2110 Mountain Boulevard Oakland CA 9461: CITY STATE Depository, etc.	
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safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. First Republic Bank 2110 Mountain Boulevard Oakland CA 9461: CITY STATE Depository, etc.	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, inkind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

1.	CITY A Affiliated Committee Join	FEC ID number FEC ID number FEC ID number FEC ID number adraising Representative STATE A sint Fundraising Represent	ZIP CODE A
ame of Any Connected Organization Mailing Address Relationship: Connected Organization esignated Agent: Identify by name, a Erwin, Maureen, , , Full Name Mailing Address San Ped TITLE OR POSITION ▼ POF anks or Other Depositories: List all	CITY Affiliated Committee Join Idress (phone number – optional)	FEC ID number FEC ID number Indraising Representative STATE	C Ve, or Leadership PAC Spor
A. Mailing Address Relationship: Connected Organization Relationship: Connected Organization esignated Agent: Identify by name, a Erwin, Maureen, , , Full Name Mailing Address San Ped TITLE OR POSITION POF Pof anks or Other Depositories: List all	CITY Affiliated Committee Join Idress (phone number – optional)	FEC ID number	C ve, or Leadership PAC Spor
mame of Any Connected Organization Mailing Address Relationship: Connected Organization esignated Agent: Identify by name, a Erwin, Maureen, , , Full Name Mailing Address San Ped TITLE OR POSITION ▼ POF Por Por Panks or Other Depositories: List all	CITY Affiliated Committee Join Idress (phone number – optional)	adraising Representative	zip Code 🛦
Mailing Address Relationship: Connected Organization esignated Agent: Identify by name, a Erwin, Maureen, , , Full Name Mailing Address 630 S. P San Ped TITLE OR POSITION ▼ POF POF anks or Other Depositories: List all	CITY Affiliated Committee Join Idress (phone number – optional)	STATE A	ZIP CODE A
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TITLE OR POSITION ▼ POF anks or Other Depositories: List all)	ı CA ı	90731
POF	CITY A	STATE A	ZIP CODE ▲
	I	Telephone Number	925 - 451 - 51
ame of Bank, epository, etc.	anks or other depositories in whic	ch the committee deposi	its funds, holds accounts, ren
Mailing Address			
Maining Address			
1			