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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Southwest Regional Council of Carpenters Legislative Improvement Cmte United Brotherhood of Carpenters & Joiners of America 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@olsonremcho.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2022 C00285593 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Hartranft, Sean, , , Type or Print Name of Treasurer Hartranft, Sean, , , [Electronically Filed] 01 2022 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| EEC | Form 1 (Revised 02/2009) | Page 2 |
|---------------------------|---|--|
| | COMMITTEE | raye Z |
| Candida | te 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. (Cor information below.) | mplete the candidate |
| Name of Candidate | | <u> </u> |
| Candidate Party Affili | 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 | ommittee: | (5) |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Political | Action Committee (PAC): | |
| (e) x | 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) | 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 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. | wo or more political |
| Co | mmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |

| FEC Form 1 (Revised C | | Page 3 |
|---|---|-----------------------|
| Write or Type Committee Name | | |
| | of Carpenters Legislative Improvement Cmte United Brotherhood of Carpenters | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | hip PAC Sponsor |
| Carpenters Federal PA | AC of Philadelphia Metropolitan Regional Council of Carper | nters |
| Mailing Address | 1803 Spring Garden Street | |
| | Philadelphia PA 19130 CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization 🗶 Affiliated Committee 📗 Joint Fundraising Representative 📗 Lea | adership PAC Sponsor |
| Custodian of Records: Iden books and records. | ntify by name, address (phone number optional) and position of the person in pos | ssession of committee |
| Andrews, E | Emily A., , , | |
| Full Name | ,555 Capitol Mall, Suite 400 | |
| Mailing Address | | |
| | | |
| | Sacramento CA 95814 | |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | | 442 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer). | me and address of |
| Full Name Rodriguez, of Treasurer | Pete, , , | |
| Mailing Address | 533 S. Fremont Avenue, 10th Floor | |
| | | |
| | Los Angeles CA 90071 CITY STATE | ZIP CODE |
| Title or Position Treasurer | | 228 8494 |

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|---|-----------------------------------|---------------------------|-----------------------|
| | | | |
| Full Name of Designated Agent Hartranft, | Sean, , , | | |
| Mailing Address | 533 S. Fremont Avenue, 10th Floor | | |
| | Los Angeles CITY | CA 9007 STATE | 71 |
| Title or Position Assistant Treasurer | | . 213 . | 228 - 8492 |
| safety deposit boxes or mair Name of Bank, Depository, o | etc. | nmittee deposits funds, h | nolds accounts, rents |
| | Fargo Bank 1400 Capitol Mall | | |
| Mailing Address | | | |
| | Sacramento | CA 9581 | 4 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, 6 | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

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

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| 5(g) or (| (h). Joint Fundraisin g | Participant: | | | |
|-------------|--|--|-------------------|-------------------|------------------------|
| | 1. | | FEC ID num | | |
| | 2. | | | | |
| | 3. | | FEC ID num | | |
| _ | 4 | | FEC ID num | ber C | |
| 6. N | | Organization, Affiliated Committee, Joint Fundrador of Carpenters & Joiners of America | | itative, or Leade | rship PAC Sponsor |
| | | | | | |
| | Mailing Address | 101 Constitution Avenue, NW | | | |
| | | Washington | D | C 20001 | |
| | Relationship: | CITY ▲ | STAT | E 🛦 | ZIP CODE ▲ |
| _ | X Connected | Organization Affiliated Committee Joint | Fundraising Repre | esentative | Leadership PAC Sponsor |
| 8. D | esignated Agent: Identify Hartranft, Full Name | by name, address (phone number – optional) Sean, , , | | | |
| | Mailing Address | 533 S. Fremont Avenue, 10th Floor | | | |
| | | | | | |
| | | Los Angeles | | A 90071 | [-] |
| | TITLE OF POOLTION | _ CITY ▲ | STATE | | ZIP CODE ▲ |
| | POF | 1 | lephone Number | 213 | 228 - 8494 |
| sa N | anks or Other Depositoria fety deposit boxes or mai ame of Bank, epository, etc. | es: List all banks or other depositories in which ntains funds. | the committee de | eposits funds, ho | lds accounts, rents |
| | Mailing Address | | | | |
| | 3 | | | | |
| | | | | | - |
| | | CITY ▲ | STATE | | ZIP CODE ▲ |

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

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| (h). Joint Fundraisi | ng Participant: | | | |
|--|---|------------------------|-------|------------|
| 1. | | FEC ID num | ber C | |
| 2. | | FEC ID num | ber C | |
| 3. | | FEC ID num | ber C | |
| 4. | | FEC ID num | ber C | |
| <u>-</u> | I Organization, Affiliated Committee, Joint of Carpenters/Joiners of Amer New E | | | |
| | | | | |
| Mailing Address | 750 Dorchester Avenue | | | |
| | | | | |
| | Boston | M | A 021 | 25 |
| Relationship: | CITY ▲ | STAT | ΈΔ | ZIP CODE ▲ |
| Full Name | fy by name, address (phone number – option | ai) | | |
| Mailing Address | 1 | | | |
| Maining Address | | | | |
| Maining Address | | | | |
| | CITY A | STATE | | ZIP CODE A |
| TITLE OR POSITION | CITY A | | | ZIP CODE A |
| | CITY A | STATE Telephone Number | | ZIP CODE A |
| TITLE OR POSITION | ories: List all banks or other depositories in v | Telephone Number | | |
| TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, | ories: List all banks or other depositories in v | Telephone Number | | |
| TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc. | ories: List all banks or other depositories in v | Telephone Number | | |
| TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc. | ories: List all banks or other depositories in v | Telephone Number | | |

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

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| h). Joint Fundraisi | ig raiticipant. | | | |
|--|--|------------------|---------------------|---------------------------|
| 1. | | | FEC ID number | r C |
| 2. | | | FEC ID number | r C |
| 3. | | | FEC ID number | r C |
| 4. | | | FEC ID number | r C |
| | Organization, Affiliated Comr lative Improvement Co | | | |
| | | | | |
| Mailing Address | 101 Constitution Ave, NW 101 | h Fl W | | |
| | Washington | | DC. | 20001 |
| | Washington | | DC DC | |
| Relationship: | CITY | A | STATE | ▲ ZIP CODE ▲ |
| | | | | |
| | d Organization | mmittee Joint f | Fundraising Represe | entative Leadership PAC S |
| Connecto | Affiliated Co | | Fundraising Represe | entative Leadership PAC S |
| Connecte esignated Agent: Identi | | | Fundraising Represe | entative Leadership PAC S |
| esignated Agent: Identi | | | Fundraising Represe | entative Leadership PAC S |
| esignated Agent: Identi | | | Fundraising Represe | entative Leadership PAC S |
| esignated Agent: Identification Full Name Mailing Address | by by name, address (phone number of the phone is a second of the phone | mber – optional) | Fundraising Represe | |
| esignated Agent: Identi | by by name, address (phone number of the phone is a second of the phone | mber – optional) | | |
| esignated Agent: Identification of the second of the secon | y by name, address (phone number of the prices: List all banks or other de | mber – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identification of the composite of the c | y by name, address (phone number of the prices: List all banks or other de | mber – optional) | STATE A | ZIP CODE A |
| Esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated | y by name, address (phone number of the prices: List all banks or other de | mber – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identification of the composite of the c | y by name, address (phone number of the prices: List all banks or other de | mber – optional) | STATE A | ZIP CODE A |

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

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| (g) or (h). Joint Fundraisin | g Participant: | | |
|--|--|------------------------|--------------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4 | | FEC ID number | С |
| . Name of Any Connected (| Organization, Affiliated Committee, Joint Fundra | ising Representative | e, or Leadership PAC Sponsor |
| VVOIKING TOT VVOIKI | | | |
| | | | |
| Mailing Address | 6801 Placid Street | | |
| | | | |
| | Las Vegas | NV | 89119 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connected | Organization X Affiliated Committee Joint F | Fundraising Representa | ative Leadership PAC Sponso |
| . Designated Agent: Identify | by name, address (phone number – optional) | | |
| Mailing Address | 1 | | |
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Tele | ephone Number | |
| Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. | ries: List all banks or other depositories in which the intains funds. | he committee deposit | s funds, holds accounts, rents |
| | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| Mailing Address | | | |