**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. Susan Davis for Congress 499 S. Capitol Street, SW ADDRESS (number and street) Suite 422 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Compliance@ABConsultingDC.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.SusanDavisforCongress.com (Check if address is changed) DATE 2020 C00344671 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. Angerholzer, Lindsay, F.,, Type or Print Name of Treasurer Angerholzer, Lindsay, F.,, [Electronically Filed] 07 2020 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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 Cand		Davis, Susan, , ,	
Cand Party	idate Affiliati	on DEM Office Sought: X House Senate President	State CA District 53
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(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 cor-	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 secommittee. (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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na	me	·
Susan Davis fo	or Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee ., assistant treasurer).	; and the name and address of
Full Name Angerho	olzer, Lindsay, F., ,	
Mailing Address	499 S. Capitol Street, SW	
	Suite 422	
	Washington	20003
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE  202

FEC Form 1 (R	CONSCI OLILOUS	
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes o Name of Bank, Depos	itory, etc.	
Name of Bank, Depos	nk of America, N.A.	
Name of Bank, Depos	r maintains funds. itory, etc.	
Name of Bank, Depos	nk of America, N.A.	
Name of Bank, Depos	nk of America, N.A.	20003
Name of Bank, Depos	nk of America, N.A.  201 Pennsylvania Avenue, SE	
Name of Bank, Depos	maintains funds. itory, etc.  nk of America, N.A.  201 Pennsylvania Avenue, SE  Washington  DC  CITY  STATE	20003
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	maintains funds. itory, etc.  nk of America, N.A.  201 Pennsylvania Avenue, SE  Washington  DC  CITY  STATE	20003
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	r maintains funds. itory, etc.  nk of America, N.A.  201 Pennsylvania Avenue, SE  Washington  CITY  STATE  itory, etc.	20003
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	r maintains funds. itory, etc.  nk of America, N.A.  201 Pennsylvania Avenue, SE  Washington  CITY  STATE  itory, etc.	20003
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	r maintains funds. itory, etc.  nk of America, N.A.  201 Pennsylvania Avenue, SE  Washington  CITY  STATE  itory, etc.	20003