| FEC FORM 1 | | STATEMEN ORGANIZA | | | PAGE 1 / 5 | | | | |
|--|---------------------|--|--|---------------------|---------------------------------|--|--|--|--|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | | | | | |
| STAR PAR | KER P | AC | | | | | | | |
| | | | | | | | | | |
| ADDRESS (number an | | 9070 Irvine Center Drive, #150 | | | | | | | |
| (Check if a is changed) | ddress | Irvine CITY ▲ | | CA 92 STATE ▲ | 2618 | | | | |
| COMMITTEE'S E-MA | IL ADDRESS | 8 | | | | | | | |
| (Check if a is changed) |) | info@campaign-complia | | | | | | | |
| COMMITTEE'S WEB | ddress | RESS (URL) www.Starparkerpatriots.com | | | | | | | |
| 2. DATE 03 | | / Y Y Y Y 2016 | | | | | | | |
| 3. FEC IDENTIFIC | ATION NUN | IBER ► C CO | 0491605 | | | | | | |
| 4. IS THIS STATEM | ENT | NEW (N) OR | X AMENDED (A) | | | | | | |
| I certify that I have ex | xamined this | Statement and to the best of | of my knowledge and belief it i | is true, correct an | d complete. | | | | |
| Type or Print Name of Treasurer Jen Slater | | | | | | | | | |
| Signature of Treasure | r <i>Jen Slat</i> e | 21" | [Electronically Filed] | Date 03 | / D D / Y Y Y Y 02 2016 | | | | |
| NOTE: Submission of fa | | | nay subject the person signing th N SHOULD BE REPORTED WI | | e penalties of 2 U.S.C. §437g. | | | | |
| Office Use Only | | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | ntact: | FEC FORM 1 (Revised 06/2012) | | | | |

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|-----------------------------|---|---|
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| TYPE OF C | COMMITTEE | |
| Candidat | 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. (Com information below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | nmittee: | |
| (d) | | (Democratic, 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 |
| | 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 se committee. (i.e., nonconnected committee) | gregated fund or part |
| | 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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| Con | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |

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Write or Type Committee Name

STAR PARKER PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address | | | | | | | | | | |
|---|------|-------|----------|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | CITY | STATE | ZIP CODE | | | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Jen Slater | |
|----------------------|--------------------------------|
| Full Name | |
| | 9070 Irvine Center Drive, #150 |
| Mailing Address | |
| | |
| | |
| | Irvine CA 92618 |
| Title or Position | CITY STATE ZIP CODE |
| Custodian of Records | Telephone number |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | | |
|--------------------------------|---|--|
| Mailing Address | 9070 Irvine Center Drive, #150 | |
| | | |
| | Lirvine | |
| | CITY STATE ZIP CODE | |
| Title or Position Treasurer | 1 <td></td> | |

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| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|---|--|--|--|---|----|----|--|--|--|------|-----|------|------|-----|-----|------------|--|---|--|-----|----|-----|----|--|--|
| Mailing Address | | L | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | | | | L | | | | | | | |
| | | | | | | | СП | ΓY | | | | | | | | | ST/ | ATE | | | | ZII | PC | COD | ÞΕ | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | ĺ | | | | | | Tele | eph | ione | e ni | uml | ber | | | | | | | | | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Bank o | f America | | |
|-----------------------------|----------------------------|----------|----------|
| Mailing Address | 31531 Santa Margarita Pkwy | | |
| | | | |
| | Rancho Santa Margarita | CA 92688 | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Please note this committee is acting as a Hybrid PAC and maintains a non-contribution account.

Form/Schedule: Transaction ID: