**FEC** 

Only

## 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. Community Change Voters 1536 U Street NW ADDRESS (number and street) (Check if address is changed) Washington 20009 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ryan@communitychangeaction.org (Check if address is changed) Optional Second E-Mail Address Darryl@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2018 C00612820 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. Berman, Jeff, , , Type or Print Name of Treasurer Berman, Jeff,,, [Electronically Filed] 03 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

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fund	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 two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees 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 Name	e	-
Community Cha	ange Voters	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or	or Leadership PAC Sponsor
Center for Community	Change Action	
Mailing Address	1536 U Street NW	
	Washington DC STATE	20009 ZIP CODE
Relationship: <b>x</b> Connecte	d Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the per	son in possession of committee
Young, Ry	yan, , ,	
Mailing Address	1536 U Street NW	
ag / taa. eee		
	Washington	20009
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	2 339 9300
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
Full Name Berman, J of Treasurer	eff, , ,	
Mailing Address	1536 U Street NW	
	Washington	20009
Title or Position Treasurer	CITY STATE  20 Telephone number	ZIP CODE  2

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Full Name of Designated Agent	Young, Ryan, , ,	
Mailing Address	1536 U Street NW	
-	Washington DC 20009	
Title or Position Assistant Treaso		39   -   9300
. <b>Banks or Other</b> safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	accounts, rents
	Amalgamated Bank	
Mailing Address	1825 K St NW #1450	
	Washington DC 20006	
	CITY STATE Z	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE Z	ZIP CODE

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

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h). <b>Joint Fundraising</b>	Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected (	Organization, Affiliated Con	nmittee, Joint Fundra	ising Representative	e, or Leadership PAC Spon
Mailing Address				
	1			
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
	Organization Affiliated C		Fundraising Represent	ative Leadership PAC S
	by name, address (phone n		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify Tattrie, Da	by name, address (phone n		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify  Tattrie, Da  Full Name	by name, address (phone n		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify  Tattrie, Da  Full Name	by name, address (phone n rryl, , ,  1536 U St NW  Washington		J DC J	Leadership PAC S
esignated Agent: Identify Tattrie, Da Full Name  Mailing Address	by name, address (phone narryl, , ,  1536 U St NW  Washington	umber – optional)	J DC J	20009
esignated Agent: Identify  Tattrie, Da  Full Name	by name, address (phone narryl, , ,  1536 U St NW  Washington	umber – optional)	DC STATE A	20009
Tattrie, Da Full Name  Mailing Address  TITLE OR POSITION Comptroller  Comptroller  anks or Other Depositor afety deposit boxes or mail	by name, address (phone narryl, , ,  1536 U St NW  Washington  CITY  es: List all banks or other of	umber – optional)	STATE A	20009 ZIP CODE <b>A</b>
Tattrie, Da Full Name  Mailing Address  TITLE OR POSITION Comptroller  anks or Other Depositor afety deposit boxes or mail	by name, address (phone narryl, , ,  1536 U St NW  Washington  CITY  es: List all banks or other of	umber – optional)	STATE A	20009 ZIP CODE <b>A</b>
esignated Agent: Identify Tattrie, Da Full Name	by name, address (phone narryl, , ,  1536 U St NW  Washington  CITY  es: List all banks or other of	umber – optional)	STATE A	20009 ZIP CODE <b>A</b>
Tattrie, Da Full Name  Mailing Address  TITLE OR POSITION Comptroller  anks or Other Depositor affety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone narryl, , ,  1536 U St NW  Washington  CITY  es: List all banks or other of	umber – optional)	STATE A	20009 ZIP CODE <b>A</b>