PAGE 1 / 7 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ALLIANCE FOR RETIRED AMERICANS POLITICAL ACTION FUND 815 16TH STREET NW 4TH FL - NORTH ADDRESS (number and street) (Check if address is changed) WASHINGTON DC 20006 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS rfiesta@retiredamericans.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.retiredamericanspaf.org (Check if address is changed) DATE 2010 C00436188 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. Fiesta, Richard, J, Mr., Type or Print Name of Treasurer Fiesta, Richard, J, Mr., [Electronically Filed] 07 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
•,			Local 202-694-1100

FE	C Form	1 (Revised 03/2022)	Page 2
	TYPE	OF COMMITTEE:	
	Candi	idate 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. (Complete the information below.)	e candidate
	Nam Cand	ne of didate	
		didate y Affiliation Office Sought: House Senate President	State DC District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		ame of undidate	
	Party	Committee:	
	(d)	This committee is a (National, State (Democratic or subordinate) committee of the Republican,	•
	Politic	cal Action Committee (PAC):	
	(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Labor O	rganization
		 Membership Organization Trade Association Coopera 	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	.C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint	Fundraising Representative:	
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Cor	mmittees Participating in Joint Fundraiser	
	1.	C	

FEC Form 1 ((Revised 02/2009)	Page

Write	or	Type	Committee	Name
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ALLIANCE FOR RETIRED	AMERICANS PO	ΙΙΤΙΟΔΙ	ACTION F	LINIT
ALLIANCE FOR RETIREL	AMERICANS FO		ACTIONE	UINL

Name of Any Conne Alliance for Ret		Fundraising Representative, or Leadership PAC Sponso
Mailing Address	815 16th Street, N.W., 4th Floor	
	Washington	DC 20006
	CITY ▲	STATE ▲ ZIP CODE ▲
Relationship:	nnected Organization Affiliated Organization	Joint Fundraising Representative Leadership PAC Sp
 Custodian of Record books and records. 	s: Identify by name, address (phone number opt	ional) and position of the person in possession of committee
Pee	eler, Suzanne, , ,	
Full Name		
Mailing Address	815 16th St, NW	
	Washington	DC 20006
	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Position ▼		
Custodian of Records		Telephone number 202 - 637 - 5383
	ame and address (phone number optional) of the temperature (e.g., assistant treasurer).	the treasurer of the committee; and the name and address
Full Name Fie	esta, Richard, J, Mr.,	
of Treasurer		
Mailing Address	815 16th Street, NW	
	4th Floor - North	
	Washington	DC 20006
	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Position ▼		
Treasurer		Telephone number 202 - 637 - 527

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Johnson, Juan, , ,	
Mailing Address	815 16th Street, NW	
	Washington	DC 20006
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲
Asst Treasurer	1	phone number 202 - 637 - 5288
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the xes or maintains funds.	e committee deposits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Truist Bank	
Mailing Address	1445 New York Ave., NW	
	Washington	DC 20005
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____

1		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
AFL-CIO COPE	POLITICAL CONTRIBUTIONS COMM	MITTEE	
Mailing Address	815 16th Street NW		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint ify by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
Pesignated Agent: Ident		Fundraising Hepresenta	Leadership PAC Spo
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Pesignated Agent: Ident		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Ident		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Ident	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) Line City ▲		
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

h). Joint Fundraisi		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
•	N TRADES DEPARTMENT AFL-CIO POLIT	• .	
Mailing Address	888 16TH ST NW SUITE 650		
	WASHINGTON	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	Participant:	
1.		FEC ID	number
2.		FEC ID	number C
3.		FEC ID	number C
4.		FEC ID	number C
	-	Organization, Affiliated Committee, Joint Fundraising Repr	
	Mailing Address	815 16th St. NW Suite 600	
		Washington	DC 20006 -
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
8. Desig	nated Agent: Identify	by name, address (phone number - optional)	
	nated Agent: Identify	by name, address (phone number – optional)	
Fu		by name, address (phone number – optional)	
Fu	ull Name	by name, address (phone number – optional)	
Fu	ull Name	by name, address (phone number – optional)	
Fu M	ull Name	CITY A S	TATE A ZIP CODE A
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Fu Manes Safety	ailing Address TITLE OR POSITION s or Other Depositor deposit boxes or mai of Bank, sitory, etc.	CITY A S Telephone Nu ies: List all banks or other depositories in which the committee	mber