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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. Keep U.S. Green PAC P.O. Box 90891 ADDRESS (number and street) (Check if address is changed) Washington 20090 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@keepusgreenpac.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) keepusgreenpac.com (Check if address is changed) DATE 30 2020 C00736850 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. Kinnett, Brian, , , Type or Print Name of Treasurer Kinnett, Brian, , , [Electronically Filed] 01 30 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
	E OF COMMITTEE					
	naidate	didate Committee:				
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	arty Committee:					
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.				
<b>(5)</b>		_	areasted fund or porty			
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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			
	Committees 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		
Keep U.S. Gro	een PAC	
•	d Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
7. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of	the person in possession of committee
	t, Brian, , ,	
Full Name	P.O. Box 90891	
Mailing Address		
	Washington	20090
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	nittee; and the name and address of
	, Brian, , ,	
of Treasurer	IP.O. Box 90891	
Mailing Address		
	Washington	
Title or Position , Treasurer	CITY STATE	E ZIP CODE
	Telephone number	

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Full Name of Designated	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , . I
Agent	1	
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		1.1.
	Telephone number	
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Ave  McLean  VA 22101	
	CITY STATE ZI	P CODE
Name of Bank, I		
Mailing Address		
	CITY STATE ZI	P CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: