Only

01/10/2019 10:54

PAGE 1/5 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. Brookfield Properties Retail Inc. PAC 350 North Orleans Street ADDRESS (number and street) Suite 300 (Check if address is changed) Chicago 60654 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Jeff.Stevenson@brookfieldpropertiesretail.com (Check if address is changed) Optional Second E-Mail Address kdavis@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00345355 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. Stevenson, Jeff, , , Type or Print Name of Treasurer Stevenson, Jeff, , , [Electronically Filed] 01 10 2019 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(D
(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 con-	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 scommittee. (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.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.		

FEC Form 1 (Revised Write or Type Committee Nan			Page 3
	perties Retail Inc. PAC	2	
-	Organization, Affiliated Committee, Join		Leadership PAC Sponsor
Brookfield Properties	Retail Inc.	<u> </u>	
Mailing Address	350 North Orleans Street Suite 300		
	Chicago		60654
	CITY	STATE	ZIP CODE
Relationship: x Connected	ed Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	entify by name, address (phone number	optional) and position of the perso	on in possession of committee
Davis, Ko Full Name	eith A., , ,		
Mailing Address	228 S. Washington Street		
	Suite 115	<u> </u>	
	Alexandria	VA L	22314
Title or Position	CITY	STATE	ZIP CODE
Bookkeeper		Telephone number	
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	the treasurer of the committee; and	d the name and address of
Full Name Stevenso	on, Jeff, , ,		
Mailing Address	350 North Orleans Street		
	Suite 300		
	Chicago	<u> </u>	60654
Title or Position	CITY	STATE	ZIP CODE
Treasurer	1	Tolophono numbor	

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Kaplan, Gretchen, , ,	
Agent		
Mailing Address	350 North Orleans Street	
	Suite 300	
	Chicago IL 60	0654
	CITY STATE	ZIP CODE
Assistant Treas	urer Telephone number	-
Danilar i Oil		holds accounts routs
safety deposit b		, nous accounts, rents
	oxes or maintains funds. Depository, etc. M & T Bank	, nous accounts, rents
safety deposit be	Depository, etc. M & T Bank 125 S. Charles St.	, nous accounts, rents
safety deposit b Name of Bank,	Depository, etc. M & T Bank 125 S. Charles St.	, nous accounts, rents
safety deposit b Name of Bank,	Depository, etc. M & T Bank 25 S. Charles St.	201
safety deposit b Name of Bank,	Depository, etc. M & T Bank 25 S. Charles St.	
safety deposit b Name of Bank,	Depository, etc. M & T Bank 25 S. Charles St. Baltimore CITY STATE	201
safety deposit b Name of Bank, Mailing Address	Depository, etc. M & T Bank 25 S. Charles St. Baltimore CITY STATE	201
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. M & T Bank 25 S. Charles St. Baltimore CITY STATE Depository, etc. U.S. Bank 209 South LaSalle Street	201
safety deposit b Name of Bank, Mailing Address	Depository, etc. M & T Bank 25 S. Charles St. Baltimore CITY STATE Depository, etc. U.S. Bank 209 South LaSalle Street	201
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. M & T Bank 25 S. Charles St. Baltimore CITY STATE Depository, etc. U.S. Bank 209 South LaSalle Street Suite 210	201

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
BROOKFIELD US	S CORPORATION FEDERAL PAC		
Mailing Address	BROOKFIELD PLACE		
	250 VESEY STREET 15TH FLOOR		
	NEW YORK	, NY	10281
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
		Trundraising Fiepresent	
Designated Agent: Identif			
Designated Agent: Identif		Tundraising Fiepresent	
Designated Agent: Identif			
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the safety deposit boxes or markets.	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor defety deposit boxes or make the safety deposit boxes or mak	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Confetty deposit boxes or make the proposition of Bank, Depository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Confetty deposit boxes or make the proposition of Bank, Depository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A