FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1 / 13 •

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lawler for Congress, Inc. PO Box 87 ADDRESS (number and street) (Check if address is changed) South Salem 10590 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lauraschwartz99@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00815415 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Schwartz, Laura, A., Date 04 80 2024 Signature of Treasurer Schwartz, Laura, A.,, 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| EC | Form 1 (Revised 03/2022) Page 2 | |
|----|--|----|
| | YPE OF COMMITTEE: | |
| | andidate Committee: | |
| | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | |
| | Name of Candidate Lawler, Michael, Vincent, , | _ |
| | Candidate Party Affiliation REP Sought: N State N Fresident District 1 | Η |
| | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | arty Committee: (National, State or subordinate) committee of the Republican, etc.) Party | |
| | olitical Action Committee (PAC): | |
| (| This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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. | |
| | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| (| This committee is an independent expenditure-only political committee (Super PAC). | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (| This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| , | pint Fundraising Representative: | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| (| This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | |
| | Committees Participating in Joint Fundraiser | |
| | 1C | |

| | FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
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| ٧ | Vrite or Type Committee Name | | |
| _ | Lawler for Congr | | y Londovskin DAC Changes |
|). | | ganization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| | Lawler Victory Fund | | |
| | | | |
| | Mailing Address | PO Box 87 | |
| | | I | |
| | | South Salem NY | 10590 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization X Joint Fundraising Representative | Leadership PAC Sponso |
| <u>.</u> | Custodian of Records: Identi books and records. | fy by name, address (phone number optional) and position of the person ir | n possession of committee |
| | Schwartz, I | .aura, A., , | |
| | Full Name | | |
| | Mailing Address | 55 Overlook Drive | |
| | | | |
| | | Ridgefield CT | 06877 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | Telephone number | 3 241 5130 |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; a assistant treasurer). | nd the name and address of |
| | Full Name Schwartz, I | aura, A., , | ı |
| | of Treasurer | 155 Overlook Drive | |
| | Mailing Address | 35 Overlook Drive | |
| | | | |
| | | Ridgefield CT | 06877 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 3 - 241 - 5130 |

| FEC Form 1 | (Revised 02/2009) | Page 4 |
|---|--|--------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Desition - | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | | |
| Banks or Other D safety deposit boxe | Depositories: List all banks or other depositories in which the committee deposits funds, hold es or maintains funds. | ds accounts, rents |
| Name of Bank, De | epository, etc. | |
| Mailing Address | M&T Bank | |
| | Mt Kisco NY 10549 | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, De | epository, etc. | |
| L | Evolve Bank & Trust | |
| Mailing Address | 301 Shoppingway Boulevard | |
| | | |
| | West Memphis AR 72301 | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |

| Page | of ¹³ | |
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| (h). Joint Fundraisi | ng Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| 4. | | | |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representativ | e, or Leadership PAC Spons |
| PROTECT THE HO | JSE 2024 | | |
| 1 | | | |
| | | | |
| Mailing Address | PO BOX 30844 | | |
| | | | |
| | BETHESDA | , , MD | 20824 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Fundraising Represent | ative Leadership PAC Spo |
| esignated Agent: Identi | Affiliated Committee X Joint y by name, address (phone number – optional) | Fundraising Represent | tative Leadership PAC Spo |
| esignated Agent: Identi | | Fundraising Represent | ative Leadership PAC Spo |
| esignated Agent: Identi | | Fundraising Represent | ative Leadership PAC Spo |
| esignated Agent: Identi | | Fundraising Represent | ative Leadership PAC Spo |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | Fundraising Represent | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | STATE A | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, Truist | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank | STATE A | ZIP CODE A |

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| (h). Joint Fundraisin | g Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| Name of Any Connected | Organization, Affiliated Committee, Joint Funda | raising Representative | e, or Leadership PAC Spons |
| NEW YORK MAJORI | TY MAKERS | | |
| | | | |
| Mailing Address | PO BOX 183 | | |
| | | | |
| | HUDSON | wi | 54016 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Full Name | by name, address (phone number – optional) | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Mailing Address | CITY A | STATE A | ZIP CODE A |
| | • | STATE A | ZIP CODE A |
| Mailing Address | • | 1 | ZIP CODE A |
| Mailing Address TITLE OR POSITION | ries: List all banks or other depositories in which | elephone Number | |
| Mailing Address TITLE OR POSITION Banks or Other Deposito cafety deposit boxes or mainly deposit boxes or mainly deposit boxes. Wells F | ries: List all banks or other depositories in which | elephone Number | |
| Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail boxes or mail boxes or mail boxes. Wells For Depository, etc. | ries: List all banks or other depositories in which intains funds. | elephone Number | |
| Mailing Address TITLE OR POSITION Banks or Other Deposito cafety deposit boxes or mainly deposit boxes or mainly deposit boxes. Wells F | ries: List all banks or other depositories in which intains funds. | elephone Number | |
| Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail boxes or mail boxes or mail boxes. Wells For Depository, etc. | ries: List all banks or other depositories in which intains funds. Fargo Bank 8302 Woodmont Ave | elephone Number | |
| Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail boxes or mail boxes or mail boxes. Wells For Depository, etc. | ries: List all banks or other depositories in which intains funds. | elephone Number | |

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

Page ___ **of** ____

| (h). Joint Fundraisi | ng Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| _ | Organization, Affiliated Committee, Joint Fund USE NEW YORK 2024 | draising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO BOX 30844 | | |
| - | | | |
| | BETHESDA | MD MD | 20824 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecte | | nt Fundraising Representa | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | ed Organization Affiliated Committee X Joi | nt Fundraising Representa | Leadership PAC Spo |
| Connecte Designated Agent: Identi | ed Organization Affiliated Committee X Joi | nt Fundraising Representa | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | ed Organization Affiliated Committee X Joi | nt Fundraising Representa | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | Affiliated Committee X Join for by name, address (phone number – optional) | | |
| Connecte Designated Agent: Identi Full Name | Affiliated Committee X Joinfy by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name Mailing Address | Affiliated Committee X Joint J | | |
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| Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Designated deposit boxes or make the proposition of Bank, Depository, etc. | Affiliated Committee X Joint J | STATE A | ZIP CODE A |

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

Page ___ **of** ____

| (h). Joint Fundrais | ng Participant: | | |
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| 1. | | FEC ID number | С |
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| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
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| Name of Any Connected , GROW THE MAJOR | d Organization, Affiliated Committee, Joint Fu RITY NY | ndraising Representative | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 228 S WASHINGTON ST STE 115 | | |
| | | | |
| | ALEXANDRIA | VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connect | ed Organization | oint Fundraising Represent | ative Leadership PAC Spo |
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| Connect Designated Agent: Ident | | | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | | | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | | | ative Leadership PAC Spo |
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| Connect Designated Agent: Ident Full Name Mailing Address | ify by name, address (phone number – optional) | | |
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| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION | ories: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
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| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or not be safety deposited. Name of Bank, Class | ories: List all banks or other depositories in white aintains funds. | STATE A Telephone Number | ZIP CODE A |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or not bank, Depository, etc. | city Bank | STATE A Telephone Number | ZIP CODE A |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or not bank, Depository, etc. | city Bank | STATE A Telephone Number | ZIP CODE A |

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| Name of Any Conne | cted Organization, Affi | liated Committee, Joint | Fundraising Repr | esentative | e, or Leadership PAC Spo | ons |
| AMERICAN BAT | TLEGROUND FUND |) | | 1 1 1 | | ı |
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| Mailing Address | PO BOX 30844 | | | | | |
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| | BETHESDA | | 1 | MD | 20824 | 1 |
| Polotionobin: | | CITY ▲ | | STATE A | ZIP CODE ▲ | |
| | entify by name, address | | Joint Fundraising | Representa | ative Leadership PAC | Spo |
| Conr | | Affiliated Committee X | | Representa | ative Leadership PAC | Spo |
| Conr | | | | Representa | ative Leadership PAC | Spo |
| Conr Designated Agent: Id Full Name | | | | Representa | Leadership PAC | Spo |
| Conr Designated Agent: Id Full Name | | | | Representa | Leadership PAC | Spo |
| Conr Designated Agent: Id Full Name Mailing Address | entify by name, address | s (phone number – option | nal) | | | Spo |
| Conr Designated Agent: Id Full Name | entify by name, address | | nal) | TATE A | Leadership PAC ZIP CODE ZIP CODE | Spo |

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| | _ | ted Committee, Joint | Fundraising Rep | resentative | e, or Leadership PA | C Spons |
| SE LEADERSHI | P FUND 2024 | | | | | |
| | | | | | | |
| ng Address | 320 1ST ST SE | | | | | |
| | | | | | | |
| | WASHINGTON | | | DC | 20003 | - |
| ionship: | | CITY A | | STATE A | ZIP CC | DE 🛦 |
| me | | | | | | |
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| OR POSITION T | 7 | CITY A | ; | STATE A | ZIP COD | E 🛦 |
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| | Connected of Agent: Identify I me | WASHINGTON ionship: Connected Organization A Agent: Identify by name, address (| WASHINGTON ionship: CITY Connected Organization Affiliated Committee Agent: Identify by name, address (phone number – option me Address OR POSITION CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY | WASHINGTON ionship: CITY Connected Organization Affiliated Committee Address (phone number – optional) MAGENTAL Identify by name, address (phone number – optional) MAGENTAL IDENTIFY ADDRESS (Phone number – optional) MAGENTAL IDENTIFY ADDRESS (Phone number – optional) | WASHINGTON ionship: CITY ▲ STATE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representation Address OR POSITION ▼ CITY ▲ STATE ▲ STATE ▲ STATE ▲ | WASHINGTON ionship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership Address OR POSITION ▼ CITY ▲ STATE ▲ ZIP CO ZIP CO STATE ▲ ZIP CO ZIP CO |

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| (h). Joint Fundraisi | ng Participant: | | |
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| 4. | | FEC ID number | C |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representativ | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | 824 S. MILLEDGE AVE. STE. 101 | | |
| | | | |
| Relationship: | ATHENS CITY A | GA STATE ▲ | 30605 ZIP CODE ▲ |
| Connecte | d Organization | Fundraising Representa | ative Leadership PAC Spo |
| | y by name, address (phone number – optional) | | |
| Pesignated Agent: Identif | y by name, address (phone number – optional) | | |
| Designated Agent: Identi | y by name, address (phone number – optional) | | |
| Pesignated Agent: Identif | y by name, address (phone number – optional) | | |
| Pesignated Agent: Identif | CITY A | STATE A | ZIP CODE A |
| Pesignated Agent: Identing Full Name Mailing Address | CITY A | STATE A | ZIP CODE A |
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| Pesignated Agent: Identification Full Name | CITY CITY Te pries: List all banks or other depositories in which aintains funds. | the committee deposit | s funds, holds accounts, rents |

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| lame of Any Conne | ected Organization, | Affiliated Committee, Joint | Fundraising Represe | ntative, o | or Leadership PAC Spon |
| HUDSON VALL | EY MAJORITY MA | KERS | | | |
| | | | | 1 1 1 | |
| | DO DOV 07 | | | | |
| Mailing Address | PO BOX 87 | | | | |
| | | | | | |
| | SOUTH SAL | EM | | NY | 10590 |
| Relationship: | | CITY A | STA | TE 🛦 | ZIP CODE ▲ |
| | nected Organization | ress (phone number – option | Joint Fundraising Rep | | |
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| esignated Agent: l | | | | | |
| esignated Agent: Id | | | | | |
| esignated Agent: Id | | | | | |
| esignated Agent: Id Full Name Mailing Address | dentify by name, add | | | | ZIP CODE A |
| Pesignated Agent: Id | dentify by name, add | ress (phone number – option | nal) | | ZIP CODE A |

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| h). Joint Fundraisi | | | |
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| 4. | | FEC ID number | С |
| | | , | |
| - | l Organization, Affiliated Committee, Joint Fu | ndraising Representative | e, or Leadership PAC Spons |
| GROW THE MAJOR | RITY | | |
| | | | |
| Mailing Address | 228 S WASHINGTON ST STE 115 | | |
| | | | |
| | ALEXANDRIA | , , , , , , , VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee X Joffy by name, address (phone number – optional) | oint Fundraising Represent | ative Leadership PAC Sp |
| | | | Leadership PAC Sp |
| esignated Agent: Identi | | | Leadership PAC Sp |
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| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
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| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds. | STATE A Telephone Number | ZIP CODE A |