**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. Common Ground 5706 Nevada Ave NW ADDRESS (number and street) (Check if address is changed) Washington 20015 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hailey@capitoloperations.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00690784 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. Hoover, Elizabeth, , , Type or Print Name of Treasurer Hoover, Elizabeth, , , [Electronically Filed] 03 16 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

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>		
	TYPE OF COMMITTEE  Candidate 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. (Corinformation below.)	nplete the candidate		
Nam Cand	e of didate				
	didate / Affiliati	on 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: (National, State	(Democratic,		
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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	Iraising Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t			
(h)		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 to committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.				
	3.	FEC ID number C			
	4.				

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Write or Type Committee Na		30 €
Common Grou		
	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
ag / taa.		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represental	Leadership PAC Sponsor
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the pe	erson in possession of committee
Arends,	, Hailey, , ,	
Mailing Address	Capitol Operations, LLC	
Maining Address	5706 Nevada Ave NW	
	Washington	20015
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	7 Telephone number	03 298 2218
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ., assistant treasurer).	and the name and address of
Full Name Hoover, of Treasurer	Elizabeth, , ,	
Mailing Address	5706 Nevada Ave NW	
	Washington   DC	20015
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	14 828 - 4710

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, [	oxes or maintains funds.  Depository, etc.	
Name of Bank, [		
	Depository, etc.  Amalgamated Bank	
Name of Bank, [	Depository, etc.  Amalgamated Bank	
Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K St NW	ZIP CODE
Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	