Only

PAGE 1 / 4

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. Tech for Campaigns 2055 Lombard Street ADDRESS (number and street) P.O. Box 471483 (Check if address is changed) San Francisco 94147 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS reporting@premier-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.techforcampaigns.org (Check if address is changed) DATE 2023 C00636027 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. Pak, Gina, , , Type or Print Name of Treasurer Pak, Gina,,, [Electronically Filed] 03 07 2023 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2					
. TYPE OF COMMITTEE:						
Candidate Committee:	date 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 information below.)	n committee. (Complete the candidate					
Name of Candidate						
Candidate Office Party Affiliation Sought: House Senate	President District					
(c) This committee supports/opposes only one candidate, and is NOT an author	rized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization	on on line 6.) Its connected organization is a:					
Corporation Corporation w/o Capital Stock	k Labor Organization					
Membership Organization Trade Association	Cooperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
This committee supports/opposes more than one Federal candidate, and is to committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor of	on line 6.)					
(g) This committee is an independent expenditure-only political committee (Supe	er 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 PAC).						
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 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						
1 _ , , , , , , , , , , , , , , , , , ,	C					
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	FEC Form 1 (Revised (2/2009)	Page 3	
V	Irite or Type Committee Name			
	Tech for Camp	aigns		
3.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor	
	Mailing Address			
			1	
		OITY A	7ID CODE A	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	tive Leadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.			
	Pak, Gina,	**		
	Full Name			
	Mailing Address	2055 Lombard Street		
		P.O. Box 471483		
		San Francisco CA	94147	
	Title on Desition —	CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone number		
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of	
	Full Name Pak, Gina,	,,		
	of Treasurer			
	Mailing Address	2055 Lombard Street		
		P.O. Box 471483		
		San Francisco CA	94147	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲	
	Treasurer	Telephone number		

	FEC Form 1	(Revised 02/2009)		Page 4		
	Full Name of Designated			- ngu u		
	Agent					
	Mailing Address					
	Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone r	number			
	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the commes or maintains funds.	ittee deposits f	unds, holds accounts, rents		
	Name of Bank, D	epository, etc.				
		Amalgamated Bank				
	Mailing Address	255 California Street, Suite 600				
		San Francisco	CA	94111		
		CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
	Mailing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		