Hillary Action Fund

1. NAME OF COMMITTEE (in full)  
   (Check if name is changed)  
   Example: If typing, type over the lines.  
   [12FE4M5]

2. DATE  
   [06/08/2016]

3. FEC IDENTIFICATION NUMBER  
   [C00619411]

4. 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.

Type or Print Name of Treasurer  
[Elizabeth Jones]

Signature of Treasurer  
[Elizabeth Jones]  
[Electronically Filed]  
[06/08/2016]

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.
5. 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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: □ House □ Senate □ President

State District

(c) □ This committee supports/opposes only one candidate, and is NOT an authorized 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 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.

(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.)

Joint Fundraising Representative:

(g) X □ 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.

(h) □ 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. [Hillary for America] [FEC ID number C00575795]
2. [DNC Services Corporation/Democratic National Committee] [FEC ID number C00010603]
3. [Corporate PAC] [FEC ID number C00789000]
4. [Political Action Committee] [FEC ID number C00890000]
Write or Type Committee Name

Hillary Action Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Jones</td>
<td>PO Box 5256</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>New York</td>
<td>NY</td>
<td>10185-5256</td>
</tr>
</tbody>
</table>

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

<table>
<thead>
<tr>
<th>Full Name of Treasurer</th>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>Relationship</th>
</tr>
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<td></td>
<td>New York</td>
<td>NY</td>
<td>10185-5256</td>
</tr>
</tbody>
</table>
9. **Banks or Other Depositories**: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

   Name of Bank, Depository, etc.

   **Amalgamated Bank**
   
   Mailing Address
   
   275 Seventh Avenue
   
   New York  NY  10003
   
   CITY  STATE  ZIP CODE

   Name of Bank, Depository, etc.

   Mailing Address
   
   
   CITY  STATE  ZIP CODE