Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SONY MUSIC ENTERTAINMENT EMPLOYEE ACTION FUND 515 S. FIGUEROA ST., STE. 1110 ADDRESS (number and street) (Check if address is changed) LOS ANGELES 90071 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cary@politicallaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2018 C00680561 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. DAVIDSON, CARY, , , Type or Print Name of Treasurer DAVIDSON, CARY, , , [Electronically Filed] 12 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

| ı | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|---------------------|--|--|
| TYPE | E OF C | OMMITTEE | 1 ago 2 |
| Can | didate | e 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. (Cominformation below.) | plete the candidate |
| Name Cand | | | |
| | lidate Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | | | |
| Parl | y Con | nmittee: | (D |
| (d) | | · · · · · | (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- | nected 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 secommittee. (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) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

Title or Position TREASURER

| | _ | | | |
|----|--|--|---------------------------------------|-------------------|
| | FEC Form 1 (Revised (| 12/2009) | | Page 3 |
| ٧ | Write or Type Committee Name | | | r ago o |
| | | ENTERTAINMENT EMPLOYER | = ACTION FL | IND |
| 6. | | Organization, Affiliated Committee, Joint Fundraising Repre | | |
| S | ONY PICTURES EN | TERTAINMENT, INC. PAC | | |
| L | | | | |
| L | | 10202 W. WASHINGTON BLVD. | | |
| | Mailing Address | 10202 W. WASHINGTON BEVD. | | |
| | | CULVER CITY | CA 90232 | |
| | | CITY | STATE ZIF | CODE |
| | | Affiliated Committee Joint Fundraising Fun | | rship PAC Sponsor |
| | books and records. | . , | , , , , , , , , , , , , , , , , , , , | |
| | DAVIDSO Full Name | N, CARY, , , | | |
| | Mailing Address | 515 S. FIGUEROA ST., STE. 1110 | | |
| | | | | |
| | | LOS ANGELES | CA 90071 | |
| | Title or Position | CITY | STATE ZIP | CODE |
| | CUSTODIAN OF RECORDS | Telephone numb | ber 213 – 624 | 4 6200 |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the assistant treasurer). | committee; and the name | and address of |
| | Full Name DAVIDSON of Treasurer | N, CARY, , , | | |
| | Mailing Address | 515 S. FIGUEROA ST., STE. 1110 | | |
| | | | | |
| | | LOS ANGELES | CA 90071 | |
| | | CITY | STATE ZIP | CODE |

213

Telephone number

624

6200

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|---|--------------------------------|-------------------------|-----------------------|
| | | | |
| Full Name of Designated Agent YIN, FLOR | RA, , , | | |
| Mailing Address | 515 S. FIGUEROA ST., STE. 1110 | | |
| | LOS ANGELES CITY | CA 900 STATE | 071 ZIP CODE |
| Title or Position ASSISTANT TREASURER | | number 213 | _ 624 6200 |
| safety deposit boxes or main Name of Bank, Depository, e | | nmittee deposits funds, | holds accounts, rents |
| Mailing Address | 550 S. HOPE ST. #100 | | |
| | LOS ANGELES | CA 900 |)71 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | |

FEC Form 1S (Revised 02/2017)

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

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| | ng Participant: | | |
|---|--|--------------------------|--------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| Name of Any Connected SONY MUSIC EI | Organization, Affiliated Committee, Joint Fun NTERTAINMENT | draising Representative | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 25 MADISON AVE. | | |
| | | | |
| | NEW YORK | NY NY | 10010 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Identi | y by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | | | 7/D 0005 |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE Telephone Number | ZIP CODE A |
| Full Name _ _ Mailing Address | CITY ▲ CITY ▲ pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION | CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds. | Telephone Number | s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, | CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds. | Telephone Number | s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc. | CITY CITY Cries: List all banks or other depositories in which aintains funds. | Telephone Number | s funds, holds accounts, rents |