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. American Horse PAC 312 Clay Street, Suite 300 ADDRESS (number and street) (Check if address is changed) Oakland 94607 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address filings@seowenscompany.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) americanhorsepac.org (Check if address is changed) DATE 2023 C00764357 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 Swusdipanee, Rachanawan, Swusdipanee, Rachanawan, , , Date 11 06 2023 Signature of Treasurer 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: | | | | | |
| (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 cand 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 | nocratic, ublican, etc.) Party | | | | |
| Political Action Committee (PAC): | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is a: | | | | |
| Corporation Corporation w/o Capital Stock | abor Organization | | | | |
| Membership Organization Trade Association C | Cooperative | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa 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.) | | | | | |
| (g) This committee is an independent expenditure-only political committee (Super 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 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 | | | | | |

| ı | FEC Form 1 (Revised 0 | 2/2009) | | | Page 3 | |
|----|--|--------------------------------------|------------------------|------------------|-----------------------|--|
| ٧ | Vrite or Type Committee Name | | | | | |
| _ | American Horse | | | | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | |
| | None | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | |
| | Relationship: Connected | Organization Affiliated Organization | ation Joint Fundraisin | g Representative | 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. | | | | | |
| | | ee, Rachanawan, , , | | | | |
| | Full Name | 010 Olav Olav 1 Ocity 000 | | | | |
| | Mailing Address | 312 Clay Street, Suite 300 | | | | |
| | | | | | | |
| | | Oakland | | CA 9460 | 07 | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | |
| | Title or Position ▼ | | | | | |
| | Custodian of Records | | Telephone nui | mber | | |
| 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). | | | | | |
| | Full Name Swusdipan of Treasurer | ee, Rachanawan, , , | | | | |
| | Mailing Address | 312 Clay Street, Suite 300 | | | | |
| | | | | | | |
| | | Oakland | | CA 946 | 07 | |
| | | | | | | |
| | Title or Position ▼ | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | |
| | Treasurer | | Tolophono | mbor | . , , _ | |
| | | | Telephone nur | IIDEI | | |

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|------------------------------------|---|---------------|--|--|--|--|--|--|
| Full Name o Designated Agent | f None, , , , | | | | | | | |
| Mailing Addr | ess | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Title or Posi | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | | | | |
| | Telephone number | | | | | | | |
| Banks or O | 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 Bar | Name of Bank, Depository, etc. | | | | | | | |
| | Wells Fargo Bank | | | | | | | |
| Mailing Addr | 951 S George Mason Dr | | | | | | | |
| | | | | | | | | |
| | Arlington VA | 22204 | | | | | | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | | | | |
| Name of Bank, Depository, etc. | | | | | | | | |
| | | | | | | | | |
| Mailing Addr | ess [| | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | | | | |