**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. Naz Paul for Washington PO Box 3492 ADDRESS (number and street) (Check if address is changed) Kirkland 98083 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .ien@cicsb.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00806497 FEC IDENTIFICATION NUMBER > 3. 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. Cooper, Jennifer, , , Type or Print Name of Treasurer Cooper, Jennifer, , , [Electronically Filed] 02 2022 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

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TYPE OF C		
	e Committee:	
(a) <b>x</b>	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 of Candidate	Paul, Naz, , ,	
Candidate	on IND Office Sought: House X Senate President	State
Party Affiliation	on IND Sought: House X Senate President	District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)		(Democratic, Republican, etc.) Party.
Political 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint 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.	o 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.		

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Write or Type Committee N		
Naz Paul for	Washington	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
	CITY	710 CODE
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
	er, Jennifer, , ,	
Full Name	226 E. Canon Perdido	
Mailing Address	<sub>1</sub> #D	
	Santa Barbara CA 93	3101
Title or Position	CITY STATE	ZIP CODE
Treasurer	805	_  448  _  9470
	Telephone number	] []
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Coope of Treasurer	er, Jennifer, , ,	
Mailing Address	226 E. Canon Perdido	
. J	#D	
	Santa Barbara CA   93	3101
<b>-</b>	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 805	_ 448 9470

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Full Name of Designated Agent	Intaglietta, Monica, , ,	
Mailing Address	226 E. Canon Perdido	
3	#D	
	Santa Barbara CA 93101	-
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		709   0595
salety deposit bu	oxes or maintains funds.	
Name of Bank, I	Depository, etc.  Pacific Premier Bank  1035 State Street	
	Depository, etc.  Pacific Premier Bank  1035 State Street	
Name of Bank, I	Depository, etc.  Pacific Premier Bank  1035 State Street	
Name of Bank, I	Pacific Premier Bank  1035 State Street	ZIP CODE
Name of Bank, I	Pacific Premier Bank  1035 State Street  Santa Barbara  CITY  STATE	ZIP CODE
Name of Bank, I	Pacific Premier Bank  1035 State Street  Santa Barbara  CITY  STATE	ZIP CODE
Name of Bank, I	Depository, etc.  Pacific Premier Bank  1035 State Street  Santa Barbara  CA 93101  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Pacific Premier Bank  1035 State Street  Santa Barbara  CA 93101  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Pacific Premier Bank  1035 State Street  Santa Barbara  CA 93101  CITY STATE  Depository, etc.	ZIP CODE