Only

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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. Stand For Better PAC 4872 Topanga Canyon Blvd ADDRESS (number and street) #419 (Check if address is changed) Woodland Hills 91364 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS MATTHEW@STANDFORBETTER.ORG (Check if address is changed) Optional Second E-Mail Address matthew@standforbetter.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://standforbetter.org (Check if address is changed) DATE 2020 C00758672 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. FORD, MATTHEW, J,, Type or Print Name of Treasurer $FORD,\,MATTHEW,\,J,\,,$ [Electronically Filed] 01 10 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

| FE | C Form | 1 (Revised 03/2022) | Page 2 | | | | | |
|----|--|---|--------------------|--|--|--|--|--|
| 5. | TYPE C | OF COMMITTEE: | | | | | | |
| | Candid | 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 information below.) | candidate | | | | | |
| | Name Candid | | | | | | | |
| | Candid Party | date Office Sought: House Senate President | State | | | | | |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | | ne of didate | | | | | | |
| | Party (| Party Committee: | | | | | | |
| | (d) | This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e | 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 Org | anization | | | | | |
| | | Membership Organization Trade Association Cooperation | /e | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (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) | (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 F | Fundraising Representative: | | | | | | |
| | (i) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political | | | | | | |
| | (j) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political | | | | | |
| | Com | nmittees Participating in Joint Fundraiser | | | | | | |
| | 1. | C | | | | | | |
| | | | | | | | | |

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|------------|--|---|-------------------------|--|--|--|
| ٧ | rite or Type Committee Nam | | | | | |
| | Stand For Bet | | | | | |
| 3 . | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE | | | | | |
| | | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Relationship: Connected | d Organization Affiliated Organization Joint Fundraising Representative | Leadership PAC Sponso | | | |
| | | | | | | |
| <u>.</u> | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | |
| | FORD, M. | ATTHEW, J, , | | | | |
| | Full Name | | | | | |
| | Mailing Address | 4872 Topanga Canyon Blvd | | | | |
| | | #419 | | | | |
| | | Woodland Hills | 91364 | | | |
| | | OTATE A | 7ID 00DE A | | | |
| | Title or Position ▼ | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | TREASURER | Telephone number | _ 825 _ 0348 | | | |
| 3. | Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and assistant treasurer). | the name and address of | | | |
| | | ATTHEW, J, , | 1 | | | |
| | of Treasurer | 4070 Turana Orana Plat | | | | |
| | Mailing Address | 4872 Topanga Canyon Blvd | | | | |
| | | #419 | | | | |
| | | Woodland Hills CA 9 | 91364 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | TREASURER | 818 | _ 825 _ 0348 | | | |

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|-------------------------------------|--|-----------------|-----------------------|--|--|--|--|
| Full Name of Designated Agent | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Title or Position | | ATE A | ZIP CODE ▲ | | | | |
| | Telephone number | r L | | | | | |
| | r Depositories: List all banks or other depositories in which the committee doxes or maintains funds. | leposits funds, | holds accounts, rents | | | | |
| Name of Bank, | Depository, etc. | | | | | | |
| | UNION BANK OF CALIFORNIA | | | | | | |
| Mailing Address | 350 CALIFORNIA STREET | | | | | | |
| | | | | | | | |
| | San Francisco | CA 94 | 104 | | | | |
| | CITY ▲ STA | ATE 🛦 | ZIP CODE ▲ | | | | |
| Name of Bank, Depository, etc. | | | | | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | CITY ▲ STA | ATE 🛦 | ZIP CODE ▲ | | | | |