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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) is changed) over the lines. ASSOCIATION OF GLOBAL AUTOMAKERS INCORPORATED DRIVE2ACTION POLITICAL ACTION COMMITTEE 1050 K STREET NW SUITE 650 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAC@GLOBALAUTOMAKERS.ORG (Check if address is changed) Optional Second E-Mail Address CHAAKE@GLOBALAUTOMAKERS.ORG COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00617472 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. Stewart, Donald, , , Type or Print Name of Treasurer Stewart, Donald, , , [Electronically Filed] 06 2020 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 Only

Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye Z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b>(</b> D
(d)		(National, State or subordinate) committee of the	(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 co	nnected 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 s committee. (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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo 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 Name				
ASSOCIATION OF GLOBA	AL AUTOMAKERS INCORPORATED DRIVE2ACTION POLITICAL	ACTION COMMITTEE		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor		
Association of Global A	Automakers Incorporated			
Mailing Address	1050 K Street NW			
<b>J</b>	Washington DC 200	01 ZIP CODE		
Relationship: <b>x</b> Connected		Leadership PAC Sponsor		
<ol> <li>Custodian of Records: Identification books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in	n possession of committee		
Haake, Cha	arles, , ,	1		
Full Name	Association of Global Automakers			
Mailing Address	1050 K Street NW			
	Washington DC 200	)01 		
Title or Position	CITY STATE	ZIP CODE		
	Telephone number			
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ue name and address of		
Full Name Stewart, Do	onald, , ,			
Mailing Address	Association of Global Automakers			
	1050 K Street, NW, Suite 650			
	Washington DC 200 CITY STATE	01 ZIP CODE		
Title or Position  EVP-Public Affairs	Telephone number 202	- 326 - 5565		

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Full Name of Designated		
Agent		
Mailing Address		
	CITY	ZIP CODE
Title or Position		
	Telephone number	
	citarias. List all hanks or other depositories in which the approximate dem	osits funds, holds accounts, rents
Banks or Other Depositions of Bank, Deposition		20000110, 10110
safety deposit boxes or Name of Bank, Deposi	r maintains funds.	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc.	
safety deposit boxes or Name of Bank, Deposi	gle Bank	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor	
safety deposit boxes or Name of Bank, Deposi	gle Bank  7830 Old Georgetown Road	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor	D   20814
safety deposit boxes or Name of Bank, Deposi	r maintains funds.  itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor  Bethesda  CITY  STATE	20814
safety deposit boxes or Name of Bank, Deposit LEAC Mailing Address	r maintains funds.  itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor  Bethesda  CITY  STATE	20814
Safety deposit boxes or Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	r maintains funds.  itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor  Bethesda  CITY  STATE	20814
safety deposit boxes or Name of Bank, Deposit LEAC Mailing Address	r maintains funds.  itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor  Bethesda  CITY  STATE	20814
safety deposit boxes or Name of Bank, Deposit Lag  Mailing Address  Name of Bank, Deposit	r maintains funds.  itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor  Bethesda  CITY  STATE	20814
safety deposit boxes or Name of Bank, Deposit Lag  Mailing Address  Name of Bank, Deposit	r maintains funds.  itory, etc.  gle Bank  7830 Old Georgetown Road  3rd Floor  Bethesda  CITY  STATE	20814

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundrais</b>	ng Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	•		• .	ve, or Leadership PAC Spon
ALLIANCE OF A	UTOMOBILE MANU	JFACTURERS II	NC POLITICAL A	ACTION COMMITTEE
	<sub>I</sub> 1050 K Street NW			
Mailing Address	1030 K Street NW			
	Washington		DC	20001
Relationship:		CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliate		nt Fundraising Represe	ntative Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represe	ntative Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represe	ntative Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represe	Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represe	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phon		nt Fundraising Represe	
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phon	e number – optional)		
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phon	e number – optional)	STATE A	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	fy by name, address (phon	e number – optional)	STATE A	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phon	e number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	fy by name, address (phon	e number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phon	e number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phon	e number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phon	e number – optional)	STATE A	ZIP CODE A