FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SEMI Political Alliance of Semiconductor Equipment & Materials International 400 Capitol Mall, Suite 2400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address SacramentoGovCompliance@gtlaw.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00381012 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. Type or Print Name of Treasurer Olson, Meagan, 11 22 2023 Signature of Treasurer Olson, Meagan, , , 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

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	1 (Revised 03/2022)			Page 2		
	OF COMMITTEE:					
(a)	late Committee: This committee is a principal camp	paign committee. (Complete the candidate	a information helow	,)		
(b)	information below.)	ommittee, and is NOT a principal campai	gn committee. (Cor	mplete the candidate		
Name Candi	- I					
Candi	date Off	fice		State CA		
Party		ought: House Senate	e Preside	ent District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	ne of didate					
Party (ty Committee:					
(d)	This committee is a	(National, State or subordinate) committee of the	,	emocratic, epublican, etc.) Party		
(e) X	Al Action Committee (PAC): This committee is a separate segre	egated fund. (Identify connected organiza	ition on line 6) Its	connected organization is a:		
(6)	This committee is a separate segre	ogated fund. (Identity conflicted organiza	tion on line o., its	connected organization is a.		
	Corporation	Corporation w/o Capital Sto	ck	Labor Organization		
	Membership Organization	Trade Association	Ш	Cooperative		
	X In addition, this committe	e is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committe	e is a Lobbyist/Registrant PAC.				
	In addition, this committe	e is a Leadership PAC. (Identify sponsor	on line 6.)			
(g)	This committee is an independent	expenditure-only political committee (Sup	er PAC).			
	In addition, this committe	e is a Lobbyist/Registrant PAC.				
(h)	This committee is a political commi	ittee with both contribution and non-conti	ribution accounts (Hybrid PAC).		
	In addition, this committe	e is a Lobbyist/Registrant PAC.				
Joint F	undraising Representative:					
(i)		ns, pays fundraising expenses and disbuone of which is an authorized committee	•	•		
(j)	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.					
Com	mittees Participating in Joint Fundra	raiser				
1.			C			

С

Title or Position ▼

Treasurer

	_					
	FEC Form 1 (R	<u> </u>				
V	Vrite or Type Committe		i			
_		al Alliance of Semiconductor Equipment & Materials Internationa				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	Semicoriductor	Equipment and Materials International (SEMI)				
	Mailing Address	673 South Milpitas Blvd				
		Milpitas CA 95035				
		CITY ▲ STATE ▲ ZIP CODE ▲				
	Relationship: X Co	nnected Organization Affiliated Organization Joint Fundraising 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.					
	Full Name	son, Rebecca, , ,				
	Mailing Address	400 Capitol Mall, Ste 2400				
		Sacramento				
		CITY ▲ STATE ▲ ZIP CODE ▲				
	Title or Position ▼					
	Custodian of Records	Telephone number 916 868 - 060	21			
8.		ame and address (phone number optional) of the treasurer of the committee; and the name and address	s of			
	any designated agen	t (e.g., assistant treasurer).				
	Full Name O of Treasurer	son, Meagan, , ,				
	Mailing Address	500 Capitol Mall, Suite 2350				
		Sacramento				

CITY A

ZIP CODE ▲

3073

426

STATE lacktriangle

Telephone number

916

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Full Name of Designated Agent	None, , , ,						
Mailing Addres	s						
Ç							
	CITY ▲	STATE ▲ ZIP CODE ▲					
Title or Positio		STATE A ZII CODE A					
	Telep	phone number					
Banks or Othe safety deposit	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 Bank	Name of Bank, Depository, etc.						
	First Foundation						
Mailing Addres	18101 Von Karman Drive Ste 750						
	Irvine	CA 91612					
	CITY ▲	STATE ▲ ZIP CODE ▲					
Name of Bank, Depository, etc.							
Mailing Addres	S						
	CITY ▲	STATE ▲ ZIP CODE ▲					