Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Endeavor Group Holdings, Inc. PAC (Endeavor PAC) 3050 K St, NW ADDRESS (number and street) Suite 400 (Check if address is changed) Washington 20007 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jhunter@kelleydrye.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00639674 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 Hunter, Jeffrey, J., 11 29 2023 Signature of Treasurer Hunter, Jeffrey, J.,, 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

EC Form 1 (Revised 03/2022)	— Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on li	ine 6.) Its connected organization is
X 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 committee. (i.e., nonconnected committee)	separate segregated 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.)
(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 a	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 committees/organizations, at least one of which is an authorized committee of a fed	·
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	
Committees Participating in Joint Fundraiser	
1.	C
2.	C

I	FEC Form 1 (Revised 0	02/2009)		Page 3
٧	Vrite or Type Committee Name	•		<u> </u>
	Endeavor Group	Holdings, Inc. PAC (End	deavor PAC)	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Representative, or	Leadership PAC Sponsor
	Endeavor Group Holo	dings, Inc.		
	Mailing Address	9601 Wilshire Boulevard		
		1		
		Beverly Hills	, CA , ,	90210
	_	CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records: Identi	ify by name, address (phone number opti	onal) and position of the person in	possession of committee
	llumter lef	I		
	Hunter, Jef Full Name	теу, J., , 		
	Mailing Address	3050 K St, NW		
	Walling / laareee	Suite 400		
		Westington		20007
		Washington		20007
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t assistant treasurer).	he treasurer of the committee; and	d the name and address of
	Full Name Hunter, Jef	ffrey, J., ,		
	of Treasurer			
	Mailing Address	3050 K St, NW		
		Suite 400		
		Washington	DC	20007
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		- ·· ·· -	-
	Treasurer	, , , , , , , , , , , , , , , , , , ,	Telephone number	- 342 - 8400

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Fernandez, Ivette, , ,		
Mailing Address	6650 South Torrey Pines Drive		
	Las Vegas	NV L	89118
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu		number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits fu	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	City National Bank		
Mailing Address	400 No Roxbury Dr		
	3rd Floor		
	Beverly Hills	CA	90201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** 5

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
TKO Group Holdings	s, Inc. PAC (TKO PAC)		
Mailing Address	3050 K Street, NW		
	Washington	DC	20007
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	Zano Zanosomp (Aco op
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A