Only

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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) TKO Group Holdings, Inc. PAC (TKO 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 C00459693 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

C Form 1	I (Revised 03/2022)	Page 2
TYPE O	F COMMITTEE:	
Candid	ate 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. (Comple information below.)	te the candidate
Name Candio		
Candid Party /	date Office House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotriot
	e of didate	
(d)	This committee is a (National, State (Demo	cratic, ican, etc.) Party
Politica	al Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is
	X Corporation Corporation w/o Capital Stock Lab	or Organization
		pperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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 accounts (Hybr	id PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	undraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	· ·
(j)	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
Comi	mittees Participating in Joint Fundraiser	
1	C	

e or Type Committee Name		
IKINI'raun Hald	ings Inc DAC (TKO DAC)	
•	ings, Inc. PAC (TKO PAC)	tative or Leadership PAC Sponsor
-		ative, or Leadership FAC Sponsor
Mailing Address	200 Fifth Ave	
-	L	
	New York	Y 10010 1
	OLTY A	TE ▲ ZIP CODE ▲
Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Repu	resentative Leadership PAC Sponso
	y by name, address (phone number optional) and position of the	person in possession of committee
ooks and records.		
	rey, J., ,	
uli Name	.3050 K St. NW	
Mailing Address		
	Suite 400	
	Washington	C 20007
	CITY A STAT	TE ▲ ZIP CODE ▲
Title or Position ▼		
Custodian of Records	Talanhana number	202 342 8400
	Telephone number	
reasurer: List the name and	address (phone number optional) of the treasurer of the com-	mittee; and the name and address of
ull Name Hunter, Jeff	rey, J., ,	
of Treasurer		
Mailing Address	3050 K St, NW	
	Suite 400	
	Washington D	OC 20007
	OLTV A	7ID CODE A
itle or Position ▼	CITY A STAI	TE ▲ ZIP CODE ▲
Treasurer	Talanhana www.b.c.	202 342 8400
	lame of Any Connected Ord TKO Group Holdings, Mailing Address Relationship: Custodian of Records: Identification ooks and records. Hunter, Jeffication Custodian of Records Itle or Position Custodian of Records Itle or Position Treasurer: List the name and agent (e.g., agent) Itle or Position Treasurer Italiang Address Itle or Position Itle or Position	TRIED TO ANY Connected Organization, Affiliated Committee, Joint Fundraising Represent TKO Group Holdings, Inc. Note

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	89118
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		number	
	Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits fu	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	City National Bank		
Mailing Address	400 North Roxbury Drive		
	3rd Floor		
	Beverly Hills	」	90210
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
_	d Organization, Affiliated Committee, Joint Furuldings, Inc. PAC (Endeavor PAC)	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	3050 K St, NW		
	Suite 400		
	Washington	DC	20007
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number - optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ Cories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition of the deposit boxes or necessity afety deposit boxes or necessity.	CITY ▲ Cories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ Cories: List all banks or other depositories in which anintains funds.	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the state of Bank, and the state of Bank, a	CITY ▲ Cories: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition boxes or not be seen and the seen an	CITY ▲ Cories: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition boxes or not be seen and the seen an	CITY ▲ Cories: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rents