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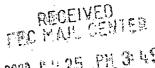
STATEMEN

FEC

FORM 1

Only

STATEMENT OF ORGANIZATION



NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ANGELA GLASS, 2020 (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS BUPPORTEANGELAGLASS. ORG (Check if address is changed) Optional Second E-Mail Address LANGELAGLASS 2020 GMAIL. COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address ANGELAGLASS 2020. ORG is changed) DATE FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT AMENDED (A) NEW (N) OR 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 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

	FEC Fo	orm 1 (Revised 02/2009) Pa	ge 2					
		COMMITTEE te Committee: 700 NOT record A	\$71.00					
(a)								
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the	candidate					
	ne of	information below.) [ANGELA G. LASS]	1					
Can	ididate	MUCCHT MICHEDIA						
	ididate ty Affiliati	otion Office Sought: House Senate President Distri	ct					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	ne of ididate							
Pa	Party Committee:							
(d)		This committee is a (National, State (Democration or subordinate) committee of the Republica	n, etc.) Party.					
Pol	Political Action Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:					
		Corporation Corporation w/o Capital Stock Labor C	rganization					
		Membership Organization Trade Association Coopera	ıtive					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)						
	•							
Joi	nt Fund	ndraising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political					
	Committees Participating in Joint Fundraiser							
	1.							
	2.							
	3.							
	4.		[

FEC Form 1 (Revised 02/2009)	Page 3									
Write or Type Committee Name ANCHELA GLASS 202	20									
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor										
MONE										
Mailing Address										
CITY	STATE ZIP CODE									
Relationship: Connected Organization Affiliated Committee Joint	Fundraising Representative Leadership PAC Sponsor									
 Custodian of Records: Identify by name, address (phone number optional books and records.) and position of the person in possession of committee									
Full Name ANGELA GLASS										
nome Gidget	CA 90265-									
Title or Position CITY	ephole number 415-607-1414 phone									
 Treasurer: List the name and address (phone number optional) of the treasany designated agent (e.g., assistant treasurer). 	surer of the committee; and the name and address of									
Full Name of Treasurer ANGELA GLASS										
Mailing Address General Delliny										
Malih										
CITY Title or Position	STATE ZIP CODE									
Title or Position Tele	ephone number 415 - 6 92 - 1414									

	Full Name of Designated Agent			
	Mailing Address	L. Saw	· 	
			Abore	
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	n which the committee deposits fu	nds, holds accounts, rents
	Name of Bank, Depository,	, etc.	•	
	BAN	K OF AMERICA	· 	
	Mailing Address	299 Ocean Ave	7	
		Cayona Beach	LILLI CAT	926511-1
		CITY	STATE	ZIP CODE
	Name of Bank, Depository	etc. (chase)	(Meseco) (Sa	id go W)
	LLL			
	Mailing Address			- - - - - - - - - -
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		CITY	STATE	ZIP CODE
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FEC Form 1S (Revised 02/2017)	for Lines 5(g) or (h), 6, 8 and		Page of
5(g) or (h). Joint Fundraising Partic	ipant:		
1.	F	EC ID number	
2.	F	EC ID number	
3.	F	EC ID number	
4.	F	EC ID number	
6. Name of Any Connected Organiz	zation, Affiliated Committee, Joint Fundraisin	ng Representative, or	Leadership PAC Sponsor
		<u> </u>	
		<u> </u>	
	$\mathcal{A} \setminus \mathcal{A}$		
Mailing Address			
<u></u>			
L			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
. Connected Organiz	zation Affiliated Committee Joint Fund	draising Representative	Leadership PAC Sponsor
8. Designated Agent: Identify by name	ne, address (phone number – optional)		
Full Name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address .			
, <u></u>			-
<u> </u>			
	CUTY		7ID CODE .
TITLE OR POSITION ▼	CITY À	STATE ▲	ZIP CODE ▲
	Teleph	none Number	J-[
9. Banks or Other Depositories: Lis safety deposit boxes or maintains to safety deposit boxes.	st all banks or other depositories in which the funds.	committee deposits fun	ds, holds accounts, rents
Name of Bank, Depository, etc.	- / 		
Mailing Address			

CITY 🛦

ZIP CODE A

STATE A

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt USPS First Class Mail USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 7/6/20 DATE PREPARED (3/2015)