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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Artists for the Future PAC 20 Galli Drive ADDRESS (number and street) STE A (Check if address is changed) Novato 94949 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nwarren@wepacca.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00761585 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. Warren, Nancy, L,, Type or Print Name of Treasurer Warren, Nancy, L,, [Electronically Filed] 10 20 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>		
TYPE	OF C	OMMITTEE	1 4go <b>2</b>		
Cano	didate	Committee:			
(a)	Ш	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. (Complete the candidate information below.)			
Name Candi					
Candid Party	date Affiliati	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candid					
Party	Party Committee:				
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.		
Politi	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 segre committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o 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 N		
Artists for the	Future PAC	
S. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Warre Full Name	en, Nancy, L, ,	
Mailing Address	20 Galli Drive STE A	
Mailing Address		
	Novato CA 94	949
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 884 - 5500
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and t .g., assistant treasurer).	he name and address of
Full Name Warre of Treasurer	n, Nancy, L, ,	
Mailing Address	20 Galli Drive STE A	
	Novato CA 94	949
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 415	-   884   -   5500

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Full Name of Designated Agent Sutton, James, R, ,						
Mailing Address 105 Post Street						
STE 405						
San Francisco CA 94108  CITY STATE Z	ZIP CODE					
Title or Position  Assistant Treasurer  Telephone number  415 - 7	7700					
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, Depository, etc.  Bank of San Francisco						
<sub>1</sub> 575 Market Street						
Mailing Address  STE 900						
San Francisco CA 94105						
CITY STATE 2	ZIP CODE					
Name of Bank, Depository, etc.						
Mailing Address						
CITY STATE 2	ZIP CODE					

## : 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: F1N Transaction ID:

I submitted this FEC 1 via paper but have not received committee iD. I know you received the initial filing on 10/15/2020 but it has not made its way through processing.

Form/Schedule: Transaction ID: