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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. JACKSON LEWIS P.C. POLITICAL ACTION COMMITTEE 1133 WESTCHESTER AVE ADDRESS (number and street) SUITE S125 (Check if address is changed) WEST HARRISON 10604 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS andrew.charwat@jacksonlewis.com (Check if address is changed) Optional Second E-Mail Address michael.stivale@jacksonlewis.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00482570 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. Charwat, Andrew, , , Type or Print Name of Treasurer Charwat, Andrew, , , [Electronically Filed] 03 12 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

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 ago 2
Can	didate	e 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. (Cominformation below.)	plete the candidate
Name Cand			
	lidate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	y Con	nmittee:	(D
(d)		· · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical 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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising 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.	vo 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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FEC Form 1 (Revised		Page 3
Write or Type Committee Nam	• VIS P.C. POLITICAL ACTION COM	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
JACKSON LEWIS P.	D. 	
Mailing Address	1133 WESTCHESTER AVE	
	SUITE S125	
	WEST HARRISON NY	10604
	CITY	7ID CODE
	CITY STATE	ZIP CODE
Relationship: x Connecte	d Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the	e person in possession of committee
books and records.		
	Andrew, , ,	
Full Name	1133 WESTCHESTER AVE	
Mailing Address	SUITE S125	
	30112 3123	
	WEST HARRISON NY	10604
Title or Position	CITY STATE	ZIP CODE
CFO		914 - 872 - 6767
 Treasurer: List the name an any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committassistant treasurer).	ee; and the name and address of
Full Name Charwat, A	Andrew, , ,	
of Treasurer		
Mailing Address	1133 WESTCHESTER AVE	
	SUITE S125	
	WEST HARRISON NY	10604
T01 - D - 11	CITY STATE	ZIP CODE
Title or Position		044 070 0707

Telephone number

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Full Name of Designated Agent	LaMantia, Philip, , ,	
Mailing Address	1133 WESTCHESTER AVE	
	SUITE S125	
	WEST HARRISON NY 10604 CITY STATE Z	IP CODE
Title or Position Assitant Treasur	rer 914 – 87 	72 6764
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Citibank	accounts, rents
	244 Main Street	
Mailing Address	244 Main Street	
Mailing Address		
Mailing Address	244 Main Street White Plains NY 10601	
Mailing Address	White Plains NY 10601	IP CODE
Mailing Address Name of Bank, D	White Plains CITY STATE Z	IP CODE
	White Plains CITY STATE Z	IP CODE
	White Plains CITY STATE Z	IIP CODE
Name of Bank, D	White Plains CITY STATE Z	IIP CODE
Name of Bank, D	White Plains CITY STATE Z	EIP CODE