FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hero Coalition PAC 1418 E. Arlington Drive ADDRESS (number and street) (Check if address is changed) Salt Lake City 84103 UT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address charlie.freedman@maloufcompanies.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00771915 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Freedman, Charles, , Mr., Freedman, Charles, , Mr., 04 15 2024 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

| C Form | 1 (Revised 03/2022) | Page 2 | | | |
|----------------|---|--------------------------|--|--|--|
| TYPE C | OF COMMITTEE: | | | | |
| Candio | late 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. (Complete the candidate information below.) | | | | |
| Name Candi | | | | | |
| Candi Party | date Office Affiliation Sought: House Senate President | State | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | |
| | Name of Candidate | | | | |
| Party (d) | Committee: This committee is a | atic, an, etc.) Party | | | |
| Politica | al Action Committee (PAC): | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne | cted organization is | | | |
| | Corporation Corporation w/o Capital Stock Labor | Organization | | | |
| | | erative | | | |
| | | oranvo | | | |
| (D.) | In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation of the | | | | |
| (f) X | ated 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). | | | | |
| (3) | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (h) | This committee is a political committee with both contribution and non-contribution accounts (Hybrid | PAC) | | | |
| (11) | In addition, this committee is a Lobbyist/Registrant PAC. | 170). | | | |
| Joint F | Fundraising Representative: | | | | |
| (i) | 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 | | | |
| (j) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| Com | mittees Participating in Joint Fundraiser | | | | |
| 1. | C | | | | |

| | | | l | | | |
|----|--|--|------------------------|--|--|--|
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| ٧ | Vrite or Type Committee Name | | | | | |
| | Hero Coalition P | AC | | | | |
| 6. | ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | |
| | NONE | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Relationship: Connected | Organization Affiliated Organization Joint Fundraising Representative L | eadership PAC Sponsor | | | |
| | Tielationship. | Organization Annialed Organization South Fundraising Representative | eadership i AO Oponsoi | | | |
| | | | | | | |
| 7. | Custodian of Records: Identibooks and records. | fy by name, address (phone number optional) and position of the person in possessic | on of committee | | | |
| | Frankman | Charles Mr. | | | | |
| | Full Name | Charles, , Mr., | | | | |
| | Mailing Address | 1418 E ARLINGTON DR | | | | |
| | | I | ı | | | |
| | | SALT LAKE CTY , UT , 84103 | | | | |
| | | SALT LAKE CTY UT 84103 | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | Treasurer | | 514 – 2463 | | | |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer). | ne and address of | | | |
| | Full Name Freedman, | Charles, , Mr., | | | | |
| | of Treasurer | | | | | |
| | Mailing Address | 1418 E ARLINGTON DR | | | | |
| | | | | | | |
| | | SALT LAKE CTY UT 84103 | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | | | 514 - 2463 | | | |

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|---------------------------------|---|---------------------|----------------|--|--|--|--|
| Full Name of Designated Freedma | an, Charles, , , | | | | | | |
| Mailing Address | 1418 E ARLINGTON DR | | | | | | |
| | | | | | | | |
| | SALT LAKE CTY | UT | 84103 | | | | |
| Tille on Bootton | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | |
| Title or Position ▼ | | Telephone number 80 | 1 - 514 - 2463 | | | | |
| | 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 | Name of Bank, Depository, etc. | | | | | | |
| Zions I | Bank | | | | | | |
| Mailing Address | 284 South Highway 165 | | | | | | |
| | | | | | | | |
| | Providence | UT | 84332 | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | |
| Name of Bank, Depository | , etc. | | | | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | |