Only

## STATEMENT OF

PAGE 1 / 4 =

FORM 1		0	RGAN	IIZA	TIC	N								0	ffico I	Use (	<b>a</b> nly			
1. NAME OF COMMITTEE (ir	ı full)		Check if names changed)	ne		mple:		ng, ty	уре		12	FE4	М5		ilice (	ose c	illy			
Bardo							ı													
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		555 Capi	ol Mall, Suite	400																
ADDRESS (number a	•																			
is changed																				
		Sacrame							Ш		CA			958	314					
		Cl	ΓY▲								STA	TE 🔺				2	ZIP (	COD	E▲	
COMMITTEE'S E-MA	AIL ADDRE	ESS																		
(Check if a is changed		compliar	nce@olsonre	mcho.co	om 	1 1	ı			ı					ı		ı			<sub>1</sub> [
is changed	4)	Optional	Second E-M	ail Addr	ess															
COMMITTEE'S WEB	PAGE AD	IDRESS (LIE	SI )																	
(Check if a		) I	i <i>L)</i>																	
is changed																				
2. DATE 04		2 / Y	Y Y Y Y 2024																	
3. FEC IDENTIFIC	CATION N	UMBER ▶	. (	Coc	)87685	4														
4. IS THIS STATEM	MENT X	NEW	(N) <b>C</b>	R		,	AME	NDED	(A)											
I certify that I have e	examined t	his Stateme	nt and to the	e best o	of my k	nowle	edge	and b	oelief	it is	true	e, co	rect	and	cor	nple	e.			
Type or Print Name	of Treasure	er <u>Patersor</u>	ı, Eva, , ,																	
Signature of Treasure	er Pate	rson, Eva, , ,							_		Date		04	/		22	1		2024	YY
NOTE: Submission of	false, erron		omplete inforn												pen	alties	of 5	52 U.	S.C.	§30109
Office Use						Feder	urther al Elec ree 80	ction C	ommi		tact:							<b>RM</b> 5/201:		— I

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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 information below.)	the candidate
Name of Candidate	
Candidate Office House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ed 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) X 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 (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint 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.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	Irite or Type Committee Name	<u> </u>	
	Bardo		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization  Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	_		_
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in pos	session of committee
	Werbrock,	Andrew, , ,	
	Full Name		
	Mailing Address	555 Capitol Mall, Suite 400	
		1	
		Sacramento CA 958	314
		OTATE A	71D 00DE A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Records	Telephone number	442
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
	Full Name Paterson, E	·va, , ,	
	of Treasurer		
	Mailing Address	555 Capitol Mall, Suite 400	
		Sacramento CA 958	B14 
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	442 2952

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Depositories safety deposit boxes or main	es: List all banks or other depositories in which the committee deposits tains funds.	funds, holds accounts, rents
Name of Bank, Depository, e	etc.	
Californi	a Bank & Trust	
Mailing Address	555 South Hope Street, Suite 100	
	Los Angeles CA	90071
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲