Only

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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. GAP Inc. Political Action Committee; The 2 Folsom Street ADDRESS (number and street) 13th Floor (Check if address is changed) San Francisco 94105 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Gap_Inc_Govt_Affairs@Gap.com (Check if address is changed) Optional Second E-Mail Address dirk@campaignfinancesolutions.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2019 C00257246 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. Lester, Stephanie, , , Type or Print Name of Treasurer Lester, Stephanie, , , [Electronically Filed] 03 29 2019 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

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	raye z			
Can	ndidate	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.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of didate					
Par	ty Con	Committee:				
(d)		This committee is a (National, State or subordinate) committee of the	(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-	nnected 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 s committee. (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 transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Committees 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 Name	. 190
GAP Inc. Political Action Committee; The	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Gap Inc.	
2 Folsom Street	
Mailing Address	
13th Floor San Francisco CA 941	05
CITY STATE	ZIP CODE
Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records.	n possession of committee
Ma, Marie, , ,	1
Full Name2 Folsom Street	
Mailing Address 13th Floor	
San Francisco , CA , 941	
San rancisco	
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number	- 952 - 4400
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ne name and address of
Full Name Lester, Stephanie, , ,	ı
of Treasurer 2 Folsom Street	
Mailing Address	
13th Floor	
San Francisco CA 941	
CITY STATE Title or Position	ZIP CODE
Treasurer 650 Telephone number	- <u>952</u> - <u>4400</u>

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Full Name of Designated Agent	Friedman, Gabrielle, , ,				
Mailing Address	2 Folsom Street				
	13th Floor				
	San Francisco CITY STATE	ZIP CODE			
Title or Position Assistant Treasure	er Telephone number 202 – 2	295 - 7426			
9. 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 America					
L	₁ 1850 Gateway Boulevard				
Mailing Address					
	Concord CA 94520				
	CITY STATE	ZIP CODE			
Name of Bank, De	epository, etc.				
L					
Mailing Address					
Mailing Address					
Mailing Address					

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

Form/Schedule: F1A Transaction ID:

Amended to update the Committee's email addresses and the Committee's Designated Agent.

Form/Schedule: Transaction ID: