| Image# 202011139336988681 | | | | | | | | | | | | |
|---|---|--|------------------------|---------------------------------|--|--|--|--|--|--|--|--|
| FEC FORM 1 | STATEMEI ORGANIZ | PAGE 1 / 5 · | | | | | | | | | | |
| | | | Office Use Only | | | | | | | | | |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | | | | | | | | | |
| Nancy Pelosi for | Congress | | | ' | | | | | | | | |
| | | | | | | | | | | | | |
| | 700 13th Street, NW | | | | | | | | | | | |
| ADDRESS (number and street) | Suite 800 | | | | | | | | | | | |
| (Check if address is changed) | | | | | | | | | | | | |
| | Washington | | | 005 | | | | | | | | |
| | CITY ▲ | | STATE ▲ | ZIP CODE▲ | | | | | | | | |
| COMMITTEE'S E-MAIL ADDR | ESS | | | | | | | | | | | |
| (Check if address is changed) | PLGroup@perkinscoie | .com | | | | | | | | | | |
| | Optional Second E-Mail Ad | dress | | | | | | | | | | |
| | | | | | | | | | | | | |
| (Check if address is changed) | www.PelosiforCongress.org | | | | | | | | | | | |
| | 3 / Y Y Y Y 3 2020 | | | | | | | | | | | |
| 3. FEC IDENTIFICATION N | IUMBER ► C c | 00213512 | | | | | | | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | | | | | | | | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief i | t is true, correct and | d complete. | | | | | | | | |
| | | | | | | | | | | | | |
| Type or Print Name of Treasur | er Swig, Steven, , , | | | | | | | | | | | |
| Signature of Treasurer | z, Steven, , , | [Electronically Filed] | Date 11 | / D D / Y Y Y Y 13 2020 | | | | | | | | |
| NOTE: Submission of false, error | neous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing ON SHOULD BE REPORTED V | | e penalties of 2 U.S.C. §437g. | | | | | | | | |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | contact: | FEC FORM 1 (Revised 06/2012) | | | | | | | | |

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| | FE | EC For | m 1 (Revised 02/2009) | Page 2 |
|-----|-----------------|--------------------|--|--|
| T | YPE | OF CO | DMMITTEE | - |
| С | and | idate | 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. (Com information below.) | plete the candidate |
| | ame andic | | Pelosi, Nancy, , , | |
| | andic arty / | late Affiliatic | n DEM Office Sought: K House Senate President | State CA District 12 |
| (C |) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | ame andic | | | |
| Ρ | arty | Com | mittee: | |
| (d |) | | | (Democratic, Republican, etc.) Party. |
| Ρ | oliti | cal A | ction Committee (PAC): | |
| (e |) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its corr | nected organization is a: |
| | | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | | Membership Organization | 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 se committee. (i.e., nonconnected committee) | gregated 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.) | |
| Jo | oint | 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. | vo or more political |
| (h) | | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | | Comr | nittees Participating in Joint Fundraiser | |
| | | 1. | FEC ID number | |
| | | 2. | FEC ID number | |
| | | 3. | FEC ID number | |
| | | 4. | FEC ID number | |
| | | | | |

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Page 3

Write or Type Committee Name

Nancy Pelosi for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Nancy Pelosi Victory | ⁼ und | | | | | | | | | |
|---|------------------------------|----------|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| Mailing Address | 430 South Capitol Street, SE | | | | | | | | | |
| - | | | | | | | | | | |
| | Washington | DC 20003 | | | | | | | | |
| | STATE ZIP CODE | | | | | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | | | |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Swig, Ste | ven, , , |
|-------------------|-------------------------------------|
| Full Name | |
| Mailing Address | 700 13th Street, NW |
| | Suite 800 |
| | Washington DC 20005 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | Swig, Steven, , , |
|--------------------------------|-------------------------------------|
| Mailing Address | 700 13th Street, NW |
| | Suite 800 |
| | Washington DC 20005 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Smith, Mike, , , | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|------------------|----------------|----|----|---|--|----|------|-----|----|----|-----|---|--|---|-------|---|------|-----|---|--|
| Mailing Address | 700 | 13th Street NW | | | | | | | | | | | | | | | | | | | |
| | Suite | e 800 | | | | | | | | | | | | | | | | | | | |
| | Was | hington | | | 1 | | | | | | | | | | 2 | 0005 | 5 | | _ | | |
| | | | CI | ΓY | | | | | | | S | TAT | Е | | | | Z | IP (| COD | Е | |
| Title or Position | urer | | | | | | Те | leph | one | nu | mb | er | L | | 1 |] – [| I | | | | |

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.

| TD Bar | nk | | | |
|-----------------------------|---------------------|----|-------|----------|
| Mailing Address | 605 14th Street, NW | | | |
| | | | | |
| | Washington | | | |
| | CI | ТҮ | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | | |
| Amalga | amated Bank | | | |
| | 1825 K St NW | | | |
| Mailing Address | | | | |
| | | | | |
| | Washington | | DC | 20006 |

STATE

ZIP CODE

CITY

| Image# 2020111393 | 336988685 | | | |
|---------------------------|-------------------|---|-----------------------------|------------------------------|
| FEC Form 1S | (Revised 02/20 | Optional Supplementa17)for Lines 5(g) or (h), 6 | | Page _5_ of 5 |
| 5(g) or (h). Joi r | nt Fundraising | Participant: | | |
| 1. | | | FEC ID number | С |
| 2. | | | FEC ID number | C |
| 3. | | | FEC ID number | С |
| 4. | | | FEC ID number | C |
| 6. Name of Any | / Connected O | rganization, Affiliated Committee, Joint F | undraising Representativ | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| Mailing | Address | | | |
| | | | | |
| | | | | |
| Relation | nship: | CITY 🔺 | STATE 🔺 | ZIP CODE |
| | Connected | Organization Affiliated Committee | Joint Fundraising Represent | Leadership PAC Sponsor |
| 8. Designated A | Agent: Identify b | by name, address (phone number – optiona | ıl) | |
| Full Name | e 🔄 🖂 | | | |
| Mailing A | ddress | | | |
| | | | | |
| | | | | |
| TITLE O | R POSITION | CITY A | STATE A | ZIP CODE |
| | | | Telephone Number | |

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, Bank of Depository, etc. | f America | | | | | | | | | | | | | | | | | | | |
|--|--------------|----|------|--|--|--|---|--|----|----|---|--|----|-----|---|-----|----|-----|--|---|
| Mailing Address | 1800 K St NW | | | | | | | | | | | | | | | | | | | |
| | 4th Floor | | | | | | 1 | | | | | | | | | | | | | |
| | Washington | | | | | | | | | | | | 20 | 000 | 6 | | | | | |
| | | CI | ΓY 4 | | | | | | SI | AT | E | | | | 2 | ZIP | СС | DDE | | I |