Image# :	202405	09964	5958685
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05/09/2024 19 : 46

PAGE 1 / 18

FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 18
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Equality PAC				
ADDRESS (number and street)	PO Box 15337			
(Check if address is changed)				
is changed)				0003
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	equalitypac@nextlevelpartne	ers.net		
is changed)	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE ADI	DRESS (URL) https://lgbtequalitypac.org/			
2. DATE 05 05				
3. FEC IDENTIFICATION NU	JMBER ► C CO	0550970		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it i	s true, correct an	d complete.
Type or Print Name of Treasure	r <u>May, Jennifer, , ,</u>			
Signature of Treasurer May,	Jennifer, , ,		Date 05	/ D D / Y Y Y Y 09 2024
NOTE: Submission of false, errone		nay subject the person signing th ION SHOULD BE REPORTED V		e penalties of 52 U.S.C. §30109.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	EC Form 1 (Revised 03/2022)	Page 2
5.	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 the c information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC):	tc.) Party
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	anization
	Membership Organization Trade Association Cooperativ	e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee. (i.e., nonconnected committee)	und 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).	
	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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (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.
 Committees Participating in Joint Fundraiser
 1.
 2.

-	FEC Form 1 (Revised 0	2/2009)										Pa	ge 3	
W	Irite or Type Committee Name													
	Equality PAC													
6.	Name of Any Connected O	rganization, Affiliated	Committee,	Joint	Fun	draising	Repre	esentative	, or	Leade	ership	PAC	Spor	nsor
	No Vote Left Behind													
	Mailing Address	PO Box 15337												
		Washington								20003	3			
			CITY ▲					STATE 🔺			ZIF	o coi	DE 🔺	
	Relationship: Connected	Organization X Affilia	ted Organizati	ion	J	oint Func	Iraising	Represent	ative	e	Lea	dershi	p PAC	Spons

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

May, Jenn	ifer, , ,			
Full Name				
Mailing Address	PO Box 15337			
	Washington		DC 20003	
	CITY ▲		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nur	mber 202 –	505 - 1657

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	May, Jennifer, , ,
of Treasurer	
Mailing Address	PO Box 15337
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Image in the image i

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	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, Depository, etc.

	Bank of America		
Mailing Address	201 Pennsylvania Ave, SE		
	Washington	DC 20003	
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Citizens Bank		
Mailing Address	One Citizens Plaza		
	Providence	RI 02903	
	CITY A	STATE A	ZIP CODE

-							
			FEC II	D number	С		
			FEC II	D number	С		
			FEC II	D number	С		
				D number	С		
Connected C	Organization, A	ffiliated Committee, Joint	Fundraising Re	oresentative	, or Leade	rship PAC Sp	onsor
ongress							
	PO Box 1532()					
Address							
	Washington			DC	20003		
ship:		CITY A		STATE 🔺			
Connected	Organization	Affiliated Committee	Joint Fundraisin	g Representa	tive L	eadership PAC	Sponsor
ldress							
	_			STATE 🔺	:		
A POSITION V	▼			-			
R POSITION			Telephone N				
			Telephone N	umber	s funds, hol		rents
	es: List all ban		Telephone N	umber	s funds, hol		rents
er Depositori	i es: List all banl ntains funds.		Telephone N	umber	s funds, hol		rents
er Depositori boxes or mair	i es: List all banl ntains funds.	ks or other depositories in t	Telephone N	umber	— [rents
er Depositori boxes or mair c, Comeric c	ies: List all ban ntains funds. ca Bank	ks or other depositories in t	Telephone N	umber	— [rents
er Depositori boxes or mair c, Comeric c	ies: List all ban ntains funds. ca Bank	ks or other depositories in t	Telephone N	umber	s funds, hol		rents
	Connected C ongress Address Address Ship: Connected gent: Identify dress	Connected Organization, Aformation of the second se	Address PO Box 15320 Washington Washington Ship: CITY CITY Gent: Identify by name, address (phone number – option dress	FEC II FEC III Washington Washington III III III III IIII IIII IIII IIIIIIIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	FEC ID number Ornected Organization Affiliated Committee Value Value Value Idress Idress	FEC ID number Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade ongress Address PO Box 15320 Washington Washington Washington Washington Connected Organization Affiliated Committee Xoint Fundraising Representative I Connected Organization Affiliated Committee Yashington Umather Citry ▲ STATE ▲	FEC ID number C FEC ID number C

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
6. Name	e of Any Connected C	rganization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	cilline Victory Fund			,
	Mailing Address	One Park Row		
		FI5		
			RI	02903
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
		by name, address (phone number - optional)		
	ull Name	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
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Fu	ull Name			
Fu	ull Name <u> </u>	L	I I I I I I I I I I I I I I I I I I I	
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(g) or (h).		Participant:		
1.	ı. <u> </u>		FEC ID number	С
2	2.		FEC ID number	C
3	3.		FEC ID number	С
4	4		FEC ID number	С
Nam	ne of Any Connected (Drganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	ake Back the House	-		· · ·
	Mailing Address	PO Box 15337		
		Washington		20003
	Relationship:		STATE ▲	
	Connected	Organization × Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponsor
Desi	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			<pre></pre>
F	Full Name			<pre></pre>
F	Full Name		STATE	<pre></pre>
F M Bank safet Name	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
F M Bank safet Name	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
F M Bank safet Name	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
F M Bank safet Name	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	

1.		•				
				F	EC ID number	С
2.				F	EC ID number	C
3.				_ F	EC ID number	C
4.				F	EC ID number	C
6. Name	of Any Connected C	Organization, Affil	iated Committee, Join	nt Fundraisi	ng Representative	e, or Leadership PAC Sponsor
Lo	fgren Victory Fund					
		1346 The Alame	da			
	Mailing Address					
		#7-380				
		San Jose				95126
	Relationship:	_	CITY 🔺	_	STATE A	ZIP CODE
	Connected	Organization	Affiliated Committee	imes Joint Fun	draising Representa	tive Leadership PAC Sponse
8 Desia	nated Agent: Identify	by name address	(phone number – opt	ional)		
-	nated Agent: Identify	by name, address	; (phone number – opt	ional)		
Fu		by name, address	; (phone number – opt	ional)		
Fu	III Name	by name, address	; (phone number – opt	ional)		
Fu	III Name	by name, address	; (phone number – opt	ional)		
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Fu	ailing Address					
Fu	ailing Address				STATE	
Fu M 	III Name	• • • • • • • • • • • • • • • • • • •		Teleph	one Number	
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Fu M 7 - Banks safety Name	ailing Address	• • • • • • • • • • • • • • • • • • •		Teleph	one Number	

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5(g) or	(h). Joint Fundraising	g Participant:			
	1.		FEC	ID number	С
	2.		FEC	ID number	С
	3.		FEC	ID number	C
_	4.		FEC	ID number	C
6. N	Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising F	Representative	, or Leadership PAC Sponsor
	Mailing Address	PO Box 15320			
		Washington			20003
	Relationship:	CITY 🔺		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee	X Joint Fundrais	sing Representa	tive Leadership PAC Sponsor
_					
8. D	Designated Agent: Identify	by name, address (phone number - op	tional)		
8. D	Designated Agent: Identify	by name, address (phone number – op	tional)		
8. D		by name, address (phone number – op	tional)		
8. 🖸	Full Name	by name, address (phone number – op	tional)		
8. D	Full Name	by name, address (phone number – op	tional)		
8. D	Full Name		tional)		
8. D	Full Name		tional)		
9. E	Full Name		Telephone	Number	
9. E S	Full Name Mailing Address TITLE OR POSITION		Telephone	Number	
9. E S	Full Name		Telephone	Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		Telephone	Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		Telephone	Number	

EC Form	1S	(Revised	02/2017)
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1) or (h). Joint Fundraisi	ng Participant:		
2.	1.		FEC ID number	r C
Jet in the second s	2.		FEC ID number	r C
Arr Image: Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponse Equality Texas Image: Connected Organization Mailing Address PO Box 15320 Mailing Address PO Box 15320 Image: Connected Organization Image: City ▲ State ▲ ZIP CODE ▲ Image: Connected Organization Image: City ▲ Image: City ▲ State ▲ Image: City ▲ Image: City ▲ Image: City ▲ Image: City ▲ Image: City ▲ Image: City ▲ Image: Cit	3.		FEC ID number	r C
Equality Texas Mailing Address PO Box 15320 Mailing Address Washington Washington Washington Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spo Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲	4.		FEC ID number	C
Equality Texas Mailing Address PO Box 15320 Mailing Address Washington Washington Washington Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Spo Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲	Name of Any Compositor	A Ownerization Affiliated Committee Jain	Funducieine Denvecentet	ive or Leadership DAC Spansor
Mailing Address Washington CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼				
Mailing Address Washington Washington Washington Washington Washington CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲				
Mailing Address Washington Washington Washington Washington DC 20003 Citry ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spont Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Citry ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Citry ▲ STATE ▲ ZIP CODE ▲ Citry ▲ STATE ▲ ZIP CODE ▲		. PO Poy 15320		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Spo Designated Agent: Identify by name, address (phone number – optional) Full Name	Mailing Address			
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ▲ Affiliated Committee Joint Fundraising Representative Leadership PAC Spo Designated Agent: Identify by name, address (phone number – optional) Full Name Full Name				
Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Spot Designated Agent: Identify by name, address (phone number – optional) Full Name		Washington		
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Citry ▲ STATE ▲ ZIP CODE ▲	Relationship:		STATE	▲ ZIP CODE ▲
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Citry ▲ STATE ▲ ZIP CODE ▲	Connecte	ed Organization × Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Spons
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TILE OR POSITION ▼	-			
TITLE OR POSITION ▼				
	TITLE OR POSITION		STATE	ZIP CODE 🔺
	I	1	Telephone Number	
			which the commutee depo	
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.			
safety deposit boxes or maintains funds. Name of Bank,	Mailing Address			
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				

5(g) o	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected	Organization. Affiliated Committee. Joint Fund	raising Representative, or Leadership PAC Spon	isor
	Torres Victory Fund			
	Mailing Address	PO Box 15320		
	-			
		Washington	DC 20003	
	Relationship:		STATE A ZIP CODE A	
	Connected	Organization	t Fundraising Representative	ponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify	by name, address (phone number - optional)		1 1
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
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8.	Full Name			
9.	Full Name			
9.	Full Name Mailing Address TITLE OR POSITION		elephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,		elephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		elephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		elephone Number	L

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safety Name						
	or Other Depositori deposit boxes or main		s or other depositories	in which the	e committee depos	its funds, holds accounts, rents
				Telep	ohone Number	
Т	TLE OR POSITION	•	CITY A		STATE A	ZIP CODE
Ma	ailing Address					
-						
Desiar			s (phone number - o			
I		Organization ×	Affiliated Committee	Joint Fi	Indraising Represen	
ſ	Relationship:	Washington				20003
						20002
ſ	Mailing Address	PO Box 15337				
	of Any Connected C men for Equality P/	-	iliated Committee, Jo	int Fundrais	ing Representativ	ve, or Leadership PAC Sponso
4.					FEC ID number	C
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2.	I					

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g) or (h).	Joint Fundraising	Participant:				
1.					FEC ID number	С
2.					FEC ID number	С
3.					FEC ID number	С
4.					FEC ID number	C
	e of Any Connected C uality Delaware	Organization, Aff	iliated Committee, Joi	nt Fundrais	ing Representativ	ve, or Leadership PAC Sponsor
	Mailing Address	PO Box 15320				
		Washington				20003
	Relationship:		CITY A		STATE	
			Affiliated Committee		ndraising Represer	tative Leadership PAC Spons
Desig	nated Agent: Identify	by name, addres	s (phone number – op	tional)		
				lional)		
Fu	ull Name					
	ull Name					
	ull Name					
Ma	ull Name		CITY ▲			
Ma	ull Name				STATE	
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5(g) or ((h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Poprosontativ	a or Loadorshin BAC Sponsor
U. IN	Flip the Court PAC			
		DO Dev: 15227		
	Mailing Address	PO Box 15337		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	d Organization X Affiliated Committee	loint Fundraising Represent	ative Leadership PAC Sponsor
8. D	esignated Agent: Identify	v by name, address (phone number – optional)	
	Full Name			
	Mailing Address	1		
			STATE A	
	TITLE OR POSITION			_ _
			Telephone Number	
	anks or Other Depositon afety deposit boxes or ma	ries: List all banks or other depositories in wh intains funds.	ich the committee deposi	ts funds, holds accounts, rents
	lame of Bank, pepository, etc.			
	Mailing Address			
		1		-

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Mailing Address	Box 15337		EC ID number EC ID number EC ID number EC ID number ID number		· · · · · ·	ponsor
3.	Box 15337		EC ID number	C C C C C C C C C C C C C C C C C C C	· · · · · ·	ponsor
4	Box 15337	F	EC ID number	C	· · · · · ·	ponsor
Name of Any Connected Organiz Parents of Trans Kids PAC	Box 15337	int Fundraisin	Ig Representativ	re, or Leade	· · · · · ·	ponsor
Parents of Trans Kids PAC	Box 15337				· · · · · ·	ponsor
Parents of Trans Kids PAC	Box 15337				· · · · · ·	
Mailing Address	hington	Joint Func				
Mailing Address	hington	Joint Func				
Relationship:		Joint Func				
Relationship:		Joint Fund				
Designated Agent: Identify by name		Joint Func	STATE			
Designated Agent: Identify by nam	ation X Affiliated Committee	Joint Fund			ZIP CODE	
Designated Agent: Identify by nam			draising Represen	tative	Leadership PA	C Spons
Mailing Address						
TITLE OR POSITION ▼	CITY 🔺		STATE A			
		Telepho	one Number			

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Ripple of Hope PAC	ation, Affiliated Committee, Joint	FEC ID number	er C er C
3 4 Name of Any Connected Organiz Ripple of Hope PAC		FEC ID numbe	er C
4		FEC ID numbe	er C
Name of Any Connected Organiz			
Ripple of Hope PAC		Fundraising Representa	tive, or Leadership PAC Spons
Ripple of Hope PAC			
Mailing Address			
Mailing Address			
	Box 15337		
Was	hington		20003
Relationship:	CITY A	STATE	
Connected Organiz	zation × Affiliated Committee	Joint Fundraising Represe	entative
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE	ZIP CODE
		Telephone Number	

EC Form 1S	(Revised	02/2017)
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Transgender Equality PAC Mailing Address	D Box 15337	<pre></pre>	C ID number C ID number C ID number C ID number Representative			
3 4 Name of Any Connected Organ Transgender Equality PAC Mailing Address PC W Relationship: Connected Organ	Box 15337 Box 15337 A		C ID number C ID number Representative	C		
4	Box 15337 Box 15337 A	<pre> FE(</pre>	C ID number	c		
4	Box 15337 Box 15337 A	int Fundraising	Representative	e, or Leade		
Transgender Equality PAC	Box 15337 Box 15337 A					
Transgender Equality PAC	Box 15337 Box 15337 A					
Mailing Address	ashington	Joint Fundra	STATE ▲		ZIP CODE	
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Full Name						
Mailing Address						
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TITLE OR POSITION V	CITY 🔺		STATE A		ZIP CODE	
		Telephon	e Number			

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5(g) or (h).	Joint Fundraising	Participant:	
1.		FEC ID num	ber C
2.		FEC ID num	ber C
3.		FEC ID num	ber C
4.		FEC ID num	ber C
6. Name	a of Any Connected (Drganization, Affiliated Committee, Joint Fundraising Represer	tative or Leadership PAC Sponsor
	elaware Equality Pro		
	Mailing Address	PO Box 15320	
		Washington D	C 20003
	Relationship:	CITY A STAT	ZIP CODE
	Connected	Organization Affiliated Committee X Joint Fundraising Repr	esentative Leadership PAC Sponsor
0 D ecie	unated Agents Identify	hu nome oddress (nhone number ontional)	
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)	
	gnated Agent: Identify	by name, address (phone number - optional)	
F		by name, address (phone number – optional)	
F	ull Name	by name, address (phone number – optional)	
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9. Bank safety	ull Name failing Address TITLE OR POSITION s or Other Depositori / deposit boxes or main	CITY ▲ Telephone Number es: List all banks or other depositories in which the committee de	
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