## 

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2019 OCT 29 PH 1: 35

			Offi	ce Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Raul Hastings LLP Political	Action Gommittee			
<u>L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		· 		
ADDRESS (number and street)	515 S. Flower St. Suite 25	00		
☐ ◀ (Check if address is changed)				
	Lps Angeles CITY A		CA 900 STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS	•		
(Check if address is changed)	leahayer@paulhastings.co	pm, I I I I I I I I		
	Optional Second E-Mail Add	dress		ı
			<u> </u>	
2. DATE $\begin{array}{ccc} \frac{M}{10} & \frac{M}{25} \\ \end{array}$	2019			
3. FEC IDENTIFICATION N	UMBER ▶ C 00	144584		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	Leah Ayer			
Signature of Treasurer	Dean A		Date 10	25 / 2019 .
NOTE: Submission of false, erron		may subject the person signing to TION SHOULD BE REPORTED W		penalties of 52 U.S.C. §30109.
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

f	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	
Can	didate	e Committee:	
(a)	Ц	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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		<u> </u>
	lidate ⁄ Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	_
(d)		l ', ', ', ', ', ', ', ', ', ', ', ', ',	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 connected organization on line 6.)	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	draising 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.	o or more political
(h)		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
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		

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Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
Mailing Address	
CITY STATE	ZIP CODE
Relationship: 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 books and records.	in possession of committee
Full Name Leah Ayer	
Mailing Address 515 S, Flower, Street	
Suite 2500	
Los Angeles CA S	90071   -
Title or Position CITY STATE	ZIP CODE
Tax Director Telephone number 213	]-[683,]-[560,1,]
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name of Treasurer Leah Ayer	
Mailing Address 515,S.,Flower,Street	
Suite 2500	
Los Angeles CITY STATE	0071 ZIP CODE
Title or Position  Tax Director	_   683

	(Revised 02/2009)		Page 4
	<del></del>		<del></del>
Full Name of Designated Agent			
Mailing Address		11111	
	L		
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nur	nber	
Name of Bank, Dep			
Mailing Address			<u> </u>
L			
L			<u></u>
L	CITY	STATE	ZIP CODE
L	CITY	STATE	ZIP CODE
Mailing Address	CITY	STATE	ZIP CODE
Mailing Address  . Name of Bank, Dep	CITY ository, etc.		.1111111111
Mailing Address	CITY		1_1_1_1_1_1_1_1
Mailing Address  . Name of Bank, Dep	CITY ository, etc.		.111111111
Mailing Address  . Name of Bank, Dep	CITY ository, etc.		.111111111

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Mailing Address

FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page <b>of</b>
5(g)or(h). Joint Fundraising Partic	sipant:	
1.	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	
6. Name of Any Connected Organiz	zation, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
Mailing Address		
L		
Relationship:	CITY ▲ STATE ▲	ZIP CODE ▲
Connected Organi	zation Affiliated Committee Joint Fundraising Represen	tative Leadership PAC Sponsor
8. Designated Agent: Identify by nar	ne, address (phone number – optional)	
Full Name	<u>                                     </u>	
Mailing Address		
	<del>                                     </del>	<u> </u>
<u> </u>		1 1-1
TITLE OR POSITION ▼	CITY ▲ STATE ▲	ZIP CODE A
1	Telephone Number	
9. Banks or Other Depositories: Lis safety deposit boxes or maintains  Name of Bank, Depository, etc.	st all banks or other depositories in which the committee depositunds.	its funds, holds accounts, rents

CITY A

STATE A

ZIP CODE A



ZIP 90071 **\$ 007.45°**02 4W
0000353619 OCT 25 2019

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Federal Election Commission

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nf	10-29-19
PREPARER (3/2015)	DATE PREPARED