| Image# 202105199446963694 | | | | PAGE 1/5 |
|----------------------------------|---|--|------------------------|--------------------------------|
| FEC FORM 1 | STATEMEN ORGANIZ | | | |
| 1. NAME OF | (Check if name | Example:If typing, type | | e Use Only |
| COMMITTEE (in full) | is changed) | over the lines. | 12FE4M5 | |
| Huffman for Con | gress | | | |
| | | | | |
| | P.O. Box 664 | | | |
| ADDRESS (number and street) | | | | |
| is changed) | | | | |
| | Petaluma └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲ | | CA 94953 STATE ▲ | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRE | ESS | | | |
| (Check if address is changed) | filings@seowenscompa | - | | |
| | Optional Second E-Mail Add | dress | | |
| | | | | |
| (Check if address is changed) | | | | |
| | 9 / Y Y Y Y 2021 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C C | 00536680 | | |
| I. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined t | his Statement and to the best | of my knowledge and belief it | is true, correct and c | complete. |
| - | | | | - |
| Type or Print Name of Treasure | Owens, Stacy, , , | | | |
| Signature of Treasurer | ns, Stacy, , , | [Electronically Filed] | Date 05 | D D / Y Y Y Y 19 2021 |
| NOTE: Submission of false, error | | may subject the person signing t ON SHOULD BE REPORTED W | | enalties of 2 U.S.C. §437g |
| Office Use Only | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | on 🔽 | EC FORM 1 (Revised 06/2012) |

05/19/2021 13 : 51

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| | FI | EC For | m 1 (Revised 02/2009) Page 2 |
|----|-------------------|--------------------|--|
| 5. | TYPE | OF C | OMMITTEE |
| | Cand | lidate | 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.) |
| | Name Candio | | Huffman, Jared, , , |
| | Candio Party J | date Affiliatio | DEM Office Sought: X House Senate President CA District 02 |
| | (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | Name Candic | | |
| | Party | v Com | mittee: |
| | (d) | | This committee is a (National, State or subordinate) committee of the Party. Republican, etc.) Party. |
| | Politi | cal A | ction Committee (PAC): |
| | (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee) |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| | Joint | Fund | raising Representative: |
| (| g) | | 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. |
| (| h) | | 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. |
| | | Com | nittees 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

Huffman for Congress

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

| None | | | | | | | | | |
|---|------|-------|----------|--|--|--|--|--|--|
| | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | CITY | 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.

| Owens, St | acy, , , |
|----------------------|-------------------------------|
| Full Name | |
| Mailing Address | 312 Clay Street, Suite 300 |
| | 1 |
| | Oakland CA 94607 - - - |
| Title or Position | CITY STATE ZIP CODE |
| Custodian of Records | Telephone number 510 423 4300 |

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 | Owens, Stacy, , , |
|--------------------------------|--|
| Mailing Address | 312 Clay Street, Suite 300 |
| | |
| | Oakland |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: Image in the second |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | None, , , , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------|--|--|--|--|-----|---|--|--|--|---|-----|-----|-----|----|-----|-----|----|--|--|--|----|--|----|----|-----|----|--|---|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | CIT | Υ | | | | | | | | | S | STA | ΤE | | | | | | ZI | ΡC | COD | ЭE | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Т | ele | pho | one | nι | ımb | er | | | | |]- | | | | | | | [| |

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.

| First R | epublic Bank | | |
|---------------------------|-----------------|-------|----------|
| Mailing Address | 111 Pine Street | | |
| | | | |
| | San Francisco | | 4111 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

| Image# 202105199446963698 | | | |
|---------------------------------|--|--------------------------|------------------------------|
| FEC Form 1S (Revised 02/20 | Optional Supplemental In17)for Lines 5(g) or (h), 6, 8 | | Page of |
| 5(g) or (h). Joint Fundraising | Participant: | | |
| 1 | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| 6. Name of Any Connected O | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Sponsor |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | | STATE 🔺 | ZIP CODE |
| Connected | Organization Affiliated Committee Join | t Fundraising Representa | tive Leadership PAC Sponsor |
| 8. Designated Agent: Identify I | by name, address (phone number – optional) | | |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION | CITY A | STATE 🔺 | ZIP CODE |
| | т | elephone 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, Redwoo Depository, etc. | od Credit Union | | |
|--|-----------------|---------|------------------|
| Mailing Address | P.O. Box 6104 | | |
| | | | |
| | Santa Rosa | CA | ⁹⁵⁴⁰⁶ |
| | CITY 🔺 | STATE A | ZIP CODE |