

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2019 OCT 29 PM 1: 35

			Office 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> </u>	
ADDRESS (number and street)	515 S. Flower St. Suite 25	00	<u> </u>	
(Check if address is changed)				111
	Los Angeles		CA	1111
	CITY ▲		STATE ▲ ZIP COD	E▲
COMMITTEE'S E-MAIL ADDRE	SS			
X (Check if address is changed)	leahayer@paulhastings.co	m	<u> </u>	
	Optional Second E-Mail Add	dress		
				<u> </u>
			•	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)			<u> </u>	
	1			1
			<u> </u>	
2. DATE 10 25	2019			
3. FEC IDENTIFICATION N	JMBER ▶ Č 00	144584		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	r Leah Ayer	***	. 2000	
Signature of Treasurer	Pean A		Date 10 . • 25 ° 20	y y y 19
NOTE: Submission of false, erron		may subject the person signing ION SHOULD BE REPORTED	this Statement to the penalties of 52 U.	.S.C. §30109
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530	ontact: FFC FORM	

e the candidate				
the candidate				
the candidate				
State				
A:-				
nocratic, ublican, etc.) Party.				
ed organization is a				
bor Organization				
operative				
ated fund or party				
committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.				
more political				
more political				
L t				

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Write or Type Committee Name	e	,
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor
1		
Mailing Address		
		_ -
		I_I , , ,
	CITY STATE ZIP	, CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
' End	land - Bood	•
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
L Look A	uar.	!
Full Name		
Mailing Address	515 S, Flower Street	
	Suite 2500	
	Lps Aηgeles	
Title or Position	CITY STATE ZIP	CODE
Tax Director	Telephone number 213 - 683	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer Leah Ay	/er	
Mailing Address	5 ₁ 5 ₁ 5 ₁ S ₋₁ Flpwer ₁ Street	
	Suite 2500	
	Lps,Angeles CA 9007,1	
Title or Position	CITY STATE ZIP	CODE
Tax _I Director 1 1 1	Telephone number 213 - 683	_ 5601 _

CITY

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ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated

FEC	Form	18	(Revised	02/2017

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	 of	

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5(g) or	(h). Joint Fundraisin	ng Particinant			
(g) Oi	1			FEC ID number	C. C
	1				
	2.			FEC ID number	
	3			FEC ID number	
	4.			FEC ID number	C
- i. i	Name of Any Connected	Organization, Affil	iated Committee, Joint Fu	ndraising Representative	, or Leadership PAC Sponsor
					<u> </u>
	Mailing Address	1,,,,,			
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	Relationship:		CITY A	STATE A	ZIP CODE ▲
	-		r gwest		
	Connected	d Organization	Affiliated CommitteeJ	oint Fundraising Representa	tive Leadership PAC Sponsor
3. [Designated Agent: Identify	y by name, address	(phone number - optional)		
	Full Name		·		
	Mailing Address				
		1			
	TIT! 5 00 000 TION		CITY A	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION		1	Telephone Number	
				relephone Number [
. I	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks aintains funds.	or other depositories in whi	ch the committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		<u> </u>		
	Mailing Address		· 		
	-	1			
				, , , <u> </u>	[, , , ,]_] ,
			CITY A	STATE ▲	ZIP CODE ▲
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Federal Election Commission 999 E. Street, NW

Washington, DC 20463

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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
2.	10-29-19
PREPARER (3/2015)	DATE PREPARED