Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TD AMERITRADE HOLDING CORPORATION PAC 200 S. 108TH AVENUE ADDRESS (number and street) (Check if address is changed) **OMAHA** 68154 NE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .john.markle@tdameritrade.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2020 C00396887 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Markle, John, , , Type or Print Name of Treasurer Markle, John, , , [Electronically Filed] 10 20 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

_		1 (Paying 1 (Paying 02/2000)	Doro O				
		OMMITTEE	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 candidate information below.)					
Name Candi							
Candi Party	idate Affiliatio	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Party	y Com	mittee:					
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party				
Polit	ical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is				
	_	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 part				
		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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	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				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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FFC Forms 1 (Davis and	1.02/2000)	Davi	2
FEC Form 1 (Revised		Pag	ge 3
Write or Type Committee Nan		A TION DAO	
	ADE HOLDING CORPORA		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC	Sponsor
TD Ameritrade Holdir	ng Corporation		
Mailing Address	200 S. 108th Avenue		
v			
	Omaha	NE 68154	1
	CITY	STATE ZIP COL)E
	CITI	SIAIL ZII COL	<i>)</i> _
Relationship: X Connect	ed Organization Affiliated Committee Joint F	Fundraising Representative Leadership I	PAC Sponsor
	entify by name, address (phone number optional)	and position of the person in possession	of committee
books and records.			
Markle, C	John, , ,		1
	6940 Columbia Gateway Drive		
Mailing Address	Suite 200		
	Calumbia	, MD , 21046	
	Columbia	MD 21046	
Title or Position	CITY	STATE ZIP COD	DΕ
Custodian of Records	Tole	phone number 443 - 539 -	2125
		priorio nambor	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treas	urer of the committee; and the name and a	address of
Full Name Markle, J	ohn, , ,		
of Treasurer			
Mailing Address	6940 Columbia Gateway Drive		
	Suite 200		
	Columbia	MD 21046	
	CITY	STATE ZIP COD)E
Title or Position Treasurer	I	, 443 ₁ 539	₁ 2125 ₁

539

Telephone number

2125

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Full Name of Designated Agent		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other I safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, hold tes or maintains funds. Repository, etc.	20 000001107 101110
safety deposit box Name of Bank, D	es or maintains funds.	
safety deposit box Name of Bank, D	Wells Fargo Bank, N.A. 8808 Centre Park Drive Columbia MD 21045	
safety deposit box Name of Bank, D	Wells Fargo Bank, N.A. 8808 Centre Park Drive Columbia CITY STATE	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Wells Fargo Bank, N.A. 8808 Centre Park Drive Columbia CITY STATE	
safety deposit box Name of Bank, D Mailing Address	Wells Fargo Bank, N.A. 8808 Centre Park Drive Columbia CITY STATE	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo Bank, N.A. 8808 Centre Park Drive Columbia CITY STATE	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo Bank, N.A. 8808 Centre Park Drive Columbia CITY STATE	

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

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5(g)	or(h). Joint Fundraisin	g Participant:			
	1.		FEC II	0 number	C
	2.		FEC II	0 number	С
	3.		FEC II	0 number	C
	4		FEC II) number	C
6.		Organization, Affiliated Committee, Joint Fund AB CORPORATION POLITICAL A			
	Mailing Address	325 7TH STREET NW, SUITE 200			
		WASHINGTON		ı DC ı	20004
	Relationship:				
		CITY ▲ Organization Affiliated Committee Joi	nt Fundraisin	STATE A	ZIP CODE ▲ ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)	1 1 1		
	Mailing Address				
		1		1 1	
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
			Telephone N	umber	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in whice intains funds.	h the commi	ttee deposit	s funds, holds accounts, rents
	Mailing Address				
	-				
ı		CITY A		STATE A	ZIP CODE ▲