FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dixon For Congress PO Box 7300 ADDRESS (number and street) (Check if address is changed) Menlo Park 94026 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jeremie@commoncentsconsulting.net is changed) Optional Second E-Mail Address tara@commoncentsconsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00859439 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. Type or Print Name of Treasurer McCubbin, Jeremie, , Date 12 07 2023 Signature of Treasurer McCubbin, Jeremie, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

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|---|--|-----------------------|--|--|--|--|
| | 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 of Candidate Dixon, Peter, , , | | | | | | |
| | Candidate Party Affiliation Office Sought: House Senate President | State CA District 16 | | | | |
| | (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 Republican, | | | | | |
| | Political Action Committee (PAC): | | | | | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: | | | | |
| | Corporation Corporation w/o Capital Stock Labor Or | ganization | | | | |
| | Membership Organization Trade Association Cooperat | ive | | | | |
| | 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.) | | | | | |
| | (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 | C). | | | | |
| | 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 | | | | | |

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|----------|--|--|--------------------------------|--|--|--|
| V | /rite or Type Committee Name | | | | | |
| | Dixon For Congr | ess | | | | |
| 6. | Name of Any Connected O | ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | |
| | NONE | <u> </u> | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Relationship: Connected | Organization Affiliated Organization Joint Fundraising Represent | tative Leadership PAC Sponso | | | |
| <u>.</u> | Custodian of Records: Identi books and records. | ustodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee poks and records. | | | | |
| | McCubbin, Full Name | Jeremie, , , | | | | |
| | Mailing Address | 233 E Southern Ave | | | | |
| | | Unit 26430 | | | | |
| | | Tempe | 85282 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | Treasurer | Telephone number | 602 - 488 - 2360 | | | |
| 3. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committee ssistant treasurer). | e; and the name and address of | | | |
| | Full Name McCubbin, of Treasurer | Jeremie, , , | | | | |
| | Mailing Address | 233 E Southern Ave | | | | |
| | | Unit 26430 | | | | |
| | | Tempe AZ | 85282 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | Treasurer | Telephone number | 602 488 2360 | | | |

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|---|-------------------------------------|---|------------------------|--------------------------|--|--|
| | Full Name of Designated Agent | Gilligan, Tara, , , | | | | |
| | Mailing Address | 233 E Southern Ave | | | | |
| | | Unit 26430 | | | | |
| | | Tempe | AZ { | 85282 | | |
| | Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | |
| | Compliance Office | er i | ne number 310 | 999 2957 | | |
| - | | Depositories: List all banks or other depositories in which the coes or maintains funds. | mmittee deposits funds | s, holds accounts, rents | | |
| | Name of Bank, D | epository, etc. | | | | |
| | | Amalgamated Bank | | | | |
| | Mailing Address | 275 7th Avenue | | | | |
| | | | | | | |
| | | New York | NY1 | 0001 | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ | | |
| | Name of Bank, Depository, etc. | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | |