

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

THE REALLY ONLINE LEFTY LEAGUE

ADDRESS (number and street)

3174 Levante Street

☒ (Check if address is changed)

Carlsbad

CITY ▲

CA

STATE ▲

92009

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

adriel@adrielhampton.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

thelyleftyleague.org

2. DATE

MM / DD / YYYY
07 / 15 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00682203

4. 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 Hampton, Adriel, , ,

Signature of Treasurer

Hampton, Adriel, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

THE REALLY ONLINE LEFTY LEAGUE

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.

Full Name

Hampton, Adriel, , ,

Mailing Address

38 CAMEO WAY

SAN FRANCISCO

CA

94131

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Hampton, Adriel, , ,

Mailing Address

38 CAMEO WAY

SAN FRANCISCO

CA

94131

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone 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, Depository, etc.

US Bank

Mailing Address

43 Castro Street

San Francisco

CA

94114

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE