Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Fennell For Senate 2024 842 Coleman Ave ADDRESS (number and street) (Check if address apt 1 is changed) menlo park 94025 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Maxfnn7@gmail.com (Check if address is changed) Optional Second E-Mail Address Maxfnn7@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) fennforsenate.com (Check if address is changed) DATE 31 2022 C00816645 FEC IDENTIFICATION NUMBER 3. 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. Maffett, Zandra, , , Type or Print Name of Treasurer Maffett, Zandra, , , [Electronically Filed] 05 31 2022 Signature of Treasurer Date 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

E	C Form 1 (Revised 03/2022)	Page 2				
	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 can information below.)	didate				
	Name of Candidate Fennell, Jeremy, , ,					
	Party Affiliation DEM Sought: House Senate President	State CA istrict 00				
	(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, etc.)	Party				
	Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:				
	Corporation Corporation w/o Capital Stock Labor Organization	zation				
	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 function committee. (i.e., nonconnected committee)	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.)					
	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).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	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 N	Senate 2024	
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization Joint Fundraising Representati	ive Leadership PAC Sponso
	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
	Lee, J	lay, , ,	
	Full Name		
	Mailing Address	842 coleman ave	
		apt 1	
		menlo CA	94025
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Accountant	Telephone number	
	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of
	Full Name Maffet	tt, Zandra, , ,	
	of Treasurer		
	Mailing Address	720 Champlain Dr.	
		king of prussia	19406
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
		Telephone number	10 - 745 - 8270

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	Full Name of Designated					
	Agent					
	Mailing Address					
	Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone num	nber			
	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committe es or maintains funds.	e deposits fu	nds, holds accounts, rents		
	Name of Bank, Depository, etc.					
		Chase				
	Mailing Address	300 Hamilton Ave				
		Palo Alto	CA	94301		
		CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
	Mailing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		