Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Fight Back PAC 700 13th Street, NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PLGroup@perkinscoie.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.fightbackpac.com (Check if address is changed) DATE 20 2018 C00637579 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Biancaniello, Jennifer, Goncalves, , Type or Print Name of Treasurer Biancaniello, Jennifer, Goncalves, , [Electronically Filed] 06 2018 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

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising 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.	o 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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N		
Fight Back PA	4C	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Biance Full Name	aniello, Jennifer, Goncalves, ,	
Mailing Address	700 13th Street, NW	
Maining Madress	Suite 600	
	Washington 2	0005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number]
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Bianca of Treasurer	aniello, Jennifer, Goncalves, ,	
Mailing Address	700 13th Street, NW	
	Suite 600	
	Washington DC 20	ZIP CODE
Title or Position Treasurer	Telephone number]-[

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Biancaniello, Jennifer, Goncalves, ,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number	
 Banks or Other I safety deposit box Name of Bank, De 	Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds. epository, etc.	
safety deposit box Name of Bank, De	Amalgamated Bank 1825 K Street, NW	
safety deposit box Name of Bank, De	epository, etc. Amalgamated Bank	
safety deposit box Name of Bank, De	Amalgamated Bank 1825 K Street, NW	ZIP CODE
safety deposit box Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE	ZIP CODE
safety deposit box Name of Bank, De Mailing Address	Amalgamated Bank 1825 K Street, NW Washington CITY STATE	ZIP CODE
safety deposit box Name of Bank, De Mailing Address	Amalgamated Bank 1825 K Street, NW Washington CITY STATE Epository, etc.	ZIP CODE
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE Epository, etc.	ZIP CODE
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE Epository, etc.	ZIP CODE