

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

Paid Family Leave PAC

ADDRESS (number and street) 64 Cumberland St
 (Check if address is changed)
San Francisco CA 94110
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) info@paidfamilyleavepac.org
Optional Second E-Mail Address
ryan.berni@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) http://www.paidfamilyleavepac.org

2. DATE 08 / 11 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00708594

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 Bethell, Katie, , Ms.,

Signature of Treasurer Bethell, Katie, , Ms., [Electronically Filed] Date 08 / 11 / 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.

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 of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (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 (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Paid Family Leave PAC

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 Bethell, Katie, , Ms.,

Mailing Address 64 Cumberland St

San Francisco

CA

94110

Title or Position

CITY

STATE

ZIP CODE

Telephone number 206 - 650 - 1333

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 Bethell, Katie, , Ms.,

Mailing Address 64 Cumberland St

San Francisco

CA

94110

Title or Position

CITY

STATE

ZIP CODE

Telephone number 206 - 650 - 1333

Full Name of Designated Agent: Berni, Ryan, , ,
Mailing Address: 6701 Canal Blvd
New Orleans LA 70124
CITY STATE ZIP CODE
Title or Position: Telephone number 504 - 417 - 1933

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.

Amalgamated Bank

Mailing Address: 255 California Street Ste 600
San Francisco CA 94111
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:
CITY STATE ZIP CODE