Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) JUUL Labs, Inc. Employees Political Action Committee (JLE PAC) 1000 F Street, NW ADDRESS (number and street) 8th Floor (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jlepac@juul.com (Check if address is changed) Optional Second E-Mail Address ryan.fitzpatrick@juul.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00674242 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. Scholtes, James, P.,, Type or Print Name of Treasurer Scholtes, James, P.,, [Electronically Filed] Date 05 2023 Signature of Treasurer 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

FEC F	orm 1	1 (Revised 03/2022)	Page <b>2</b>					
. TY	PE O	OF COMMITTEE:						
Ca	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 information below.)	the candidate					
	Name Candid							
	Candid Party A	date Office House Senate President	State District					
(c)	( )							
	Namo Cano	ne of didate						
Pa	Party Committee:							
(d)		This committee is a (National, State or subordinate) committee of the Republic	atic, an, etc.) Party					
Po	Political Action Committee (PAC):							
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:					
		Corporation Corporation w/o Capital Stock Labo	r Organization					
			perative					
In addition, this committee is a Lobbyist/Registrant PAC.								
(f)								
		In addition, this committee is a Lobbyist/Registrant PAC.						
(g)	П	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.							
Jo	int F	Fundraising Representative:						
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political							
(j)		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					
	Comr	mittees Participating in Joint Fundraiser						
	1.	C						

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	FEC Form 1 (Re	<u> </u>	Page <b>3</b>						
٧	Vrite or Type Committee		/ ·· = = \						
	JUUL Labs	, Inc. Employees Political Action Committee	(JLE PAC)						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor								
	JUUL Labs, Inc.								
	Mailing Address	1000 F Street, NW							
	· ·	8th Floor							
		W. 1: 1							
		Washington DC	20004						
		CITY ▲ STATE ▲	ZIP CODE ▲						
	Relationship: X Con	nected Organization	Leadership PAC Sponso						
	_		_						
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.								
	Fitz	patrick, Ryan, , ,							
	Full Name								
	Mailing Address	1000 F Street, NW							
	Mailing Address	,8th Floor							
		Washington DC 2	20004						
		CITY ▲ STATE ▲	ZIP CODE ▲						
	Title or Position ▼	3.7.1 = 3.7.12 =	211 0022 -						
	Custodian of Records								
		Telephone number	]-[						
8.	<b>Treasurer:</b> 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 Sch of Treasurer								
		1000 F Street, NW							
	Mailing Address								
		8th Floor							
		Washington DC 2	20004						
		CITY ▲ STATE ▲	ZIP CODE ▲						
	Title or Position ▼	- · · · · · · · · · · · · · · · · · · ·							
	Treasurer	T-l	_  223  _  1012						

Telephone number

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Full Name of Designated Agent						
Mailing Address						
Mailing Address						
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
Title of Position						
	Telephone num	nber				
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committe ces or maintains funds.	e deposits fu	nds, holds accounts, rents			
Name of Bank, D	epository, etc.					
	US Bank					
Mailing Address	16th Floor					
	San Francisco	CA	94104			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This is being amended to update the name of the PACs bank.

Form/Schedule: Transaction ID: