FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
	ical Action Comr	nittee	
	1901 Capital Parkway		
ADDRESS (number and street)			
(Check if address is changed)	Austin CITY ▲		TX     78746       TX     78746       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)		A.COM	
	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
<ul> <li>(Check if address is changed)</li> </ul>			
2. DATE 11 / 15			
3. FEC IDENTIFICATION N	JMBER ► C co	00414185	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Jugmans, Tim, , ,		
Signature of Treasurer	ans, Tim, , ,	[Electronically Filed]	Date 11 / D D / Y Y Y Y 2019
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

Image# 201911199165569816

11/19/2019 09 : 45

FEC Form 1 (Revised 02/2009)       Page 2         TYPE OF COMMITTEE       Candidate Committee:         (a)       Image: This committee is a principal campaign committee. (Complete the candidate information below.)         (b)       Image: This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
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 the ca
<ul> <li>(a) This committee is a principal campaign committee. (Complete the candidate information below.)</li> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)</li> </ul>
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid
Name of         Candidate
Candidate Party Affiliation Office Sought: House Senate President 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 Publican, etc.
Political Action Committee (PAC):
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
Corporation Corporation w/o Capital Stock Labor Organiz
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 o 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 politic 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 politic committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1 FEC ID number C
2. FEC ID number
3 FEC ID number
4. FEC ID number

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## EZCorp Inc. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

E	ZCorp, Inc.																												
L																													
	Mailing Address		1901 Ca	pital P	arkwa	y																							
			Austin														T	X 			78	746				- [			
						(	CITY										S1	ATE	-				2	ZIP	СС	)DE	-		
	Relationship: 🗴 Connected Organization 🚺 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Sponsor																												
7.	Custodian of Re books and record		itify by na	ime, ac	ddress	s (ph	ione	nun	nbe	r	op	otior	nal)	anc	l po	sitic	on o	f th	e p	erso	on	in p	0055	ses	sion	of	cor	nmit	ttee
	Full Name	PAC Servi	ces, Come	erica B	ank, ,	,		I	I	I	I	1	1		I	1	I	I	I				I		I	I	I	I	, I

Full Name			
Mailing Address	P.O. Box 75000		
	MC2250		
	Detroit	MI	48275-2250
Title or Position	CITY	STATE	ZIP CODE
Recordkeeper		Telephone number	734 - 632 - 5912

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	Jugmans, Tim, , ,
Mailing Address	2500 Bee Cave Road
	Bldg 1, Suite 200
	Rollingwood         TX         78746         -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     512     437     3549

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		1		1	1			I		1			_
Mailing Address																													
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						1	I	1		1										I			1		1	]-			
	CITY															ST/	λΤΕ				ZI	> C	OD	Ε					
Title or Position																													
														Tele	eph	ione	e ni	umt	ber			_							

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.

	Comerica bank		
Mailing Address	P.O. Box 75000		
	Detroit		48275-2250
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

update record keeper email

Form/Schedule: Transaction ID: