| Image# 2022022494936 | 673855 | | | _ | PAGE 1 / 4 |
|--|-------------|---|---|------------------------|--|
| FEC FORM 1 | | STATEME ORGANIZ | _ | Off | rAGE 174 |
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| | | | | | |
| 1 | | | | | |
| | | 1543 Wazee Street | | | · · · · · · · · · · · · · · · · · · · |
| ADDRESS (number and | , | Suite 410 | | | |
| (Check if ac is changed) | | | | | |
| | | Denver │ │ │ │ │ │ │ │ │ │ CITY ▲ | | CO STATE ▲ | $\frac{D2}{ } = $ |
| COMMITTEE'S E-MAI | | SS | | | |
| (Check if ac is changed) | ddress | | mentamericaactionfund.org |) | |
| (; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | | Optional Second E-Mail A | \ddress progress.org | | |
| | | | | | |
| COMMITTEE'S WEB (Check if ac is changed) | ddress | DRESS (URL) | ctionfund.org | | |
| 2. DATE 02 | | | | | |
| 3. FEC IDENTIFIC/ | ation Nu | MBER ► C | C00531814 | | |
| 4. IS THIS STATEM | ENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have ex | amined th | is Statement and to the be | st of my knowledge and belief i | t is true, correct and | complete. |
| , | | | , | , | · |
| Type or Print Name of | f Treasurer | Wendlandt, Wendy, , , | | | |
| Signature of Treasurer | Wendl | andt, Wendy, , , | [Electronically Filed] | Date 02 | D D / Y Y Y Y 24 2022 |
| NOTE: Submission of fa | | | n may subject the person signing TION SHOULD BE REPORTED \ | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

02/24/2022 07 : 09

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 | | |
|-------------|---|--|---------------------------------------|--|--|
| TYP | E OF C | OMMITTEE | | | |
| Can | ndidate | 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. (Compleinformation below.) | ete the candidate | | |
| Nam Cano | ie of didate | | | | |
| | didate y Affiliati | on Office Sought: House Senate President | State | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| Nam Cano | ie of didate | | | | |
| Par | ty Con | nmittee: | | | |
| (d) | | | emocratic, epublican, etc.) Party. | | |
| Poli | itical A | ction Committee (PAC): | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | cted organization is a | | |
| | | Corporation Corporation w/o Capital Stock | _abor 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 segr committee. (i.e., nonconnected committee) | egated 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.) | | | |
| Join | nt Func | Iraising 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. | 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. | or more political | | |
| | Com | mittees Participating in Joint Fundraiser | | | |
| | 1. | FEC ID number | | | |
| | 2. | FEC ID number | | | |
| | 3. | FEC ID number | | | |
| | 4. | FEC ID number | | | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ENVIRONMENT AMERICA ACTION FUND

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

| Mailing Address | | |
|------------------------|---|---|
| | | |
| | | |
| | CITY | STATE ZIP CODE |
| Relationship: Connecte | d Organization Affiliated Committee Joint Fundraising | g 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.

| Coniglio, H | leather, , , |
|----------------------|--|
| Full Name | |
| Mailing Address | 104 Bayard St |
| | 6th Floor |
| | New Brunswick NJ 08901 Image: Image of the state of the |
| Title or Position | CITY STATE ZIP CODE |
| Custodian of Records | Telephone number |

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 | Wendlandt, Wendy, , , |
|---------------------------|-------------------------------|
| Mailing Address | 3435 Wilshire Blvd., Ste. 385 |
| | L |
| | Los Angeles |
| | CITY STATE ZIP CODE |
| Title or Position | 3690 3690 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Musumeci, Carla, , , |
|-------------------------------------|--|
| Mailing Address | 1543 Wazee St. STE 400 |
| | |
| | Denver CO 80202 - - - |
| | CITY STATE ZIP CODE |
| Title or Position | Telephone number = 573 _ 5995 |

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.

| Bank c | f America | | |
|---------------------------|--------------------|-------|----------|
| Mailing Address | 100 Federal Street | | |
| | | | |
| | Boston | MA | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |