FEC FORM 1	STATEMEN ORGANIZ		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
MoveOn.org Pol	itical Action			
ADDRESS (number and street)	PO Box 96142			
(Check if address				
is changed)	Washington		DC 20090	
				ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	PACTREASURER@mo	oveon.org		
	Optional Second E-Mail Add	Iress		
 (Check if address is changed) 	www.moveon.org			
2. DATE 04	18 / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	IUMBER ► C co	00341396		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and co	mplete.
Type or Print Name of Treasur	er Matzzie, Tom, , ,			
Signature of Treasurer	zzie, Tom, , ,	[Electronically Filed]	Date 04	18 / Y Y Y Y Y 2022
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATIO	may subject the person signing DN SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ion F I	EC FORM 1 Revised 06/2012)

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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 information below.)	e. (Complete the candidate
Name of Candidate	· · · · · · · · · · · ·
Candidate Office Party Affiliation Office Sought: House Senate President	State dent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized commi	ttee.
Name of Candidate Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)) Its connected organization is
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 sepa committee. (i.e., nonconnected committee)	arate segregated fund or par
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 proceed committees/organizations, at least one of which is an authorized committee of a federal can	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed 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 C	
3 FEC ID number C	
4. FEC ID number	

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Write or Type Committee Name

MoveOn.org Political Action

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

Mailing Address	L																					
	L																					
	L													l						- L		
					CITY						ST	ATE					Z	ZIP	СО	DE		
 Relationship: 7. Custodian of Report books and record 	-	_		Affiliato			0		undr and													tee
	Matzzie, Tom,																					
Full Name																						
Mailing Address	P	O BOX 96	142																			
	_I V	Vashington	1							I		C	I	1	200	090			1	1		

	Washington		
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	02 386 6333

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	Matzzie, Tom, , ,
Mailing Address	PO Box 96142
	Washington DC 20090 -
	CITY STATE ZIP CODE
Title or Position Treasurer	202 386 6333 Telephone number

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Full Name of Designated Agent														I					1									1			
Mailing Address																															
																								L				_			
CITY									CITY												STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																															
																Tele	eph	one	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.

Amal	amated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006 -	
	CITY	STATE ZIP COD	E
Name of Bank, Depository	etc.		
Wells	Fargo		
	420 Montgomery Street		
Mailing Address			
	San Francisco	CA 94104 –	
	CITY	STATE ZIP COD	E