PAGE 1/6 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Charles Schwab Corporation Political Action Committee 325 7th Street NW, Suite 200 ADDRESS (number and street) (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS scott.eckel@schwab.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00370114 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. Eckel, Scott, , , Type or Print Name of Treasurer Eckel, Scott, , , [Electronically Filed] 10 2020 Signature of Treasurer Date 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. FEC FORM 1 (Revised 06/2012)

Į.	Office		For further information contact:
.	Use		Federal Election Commission
			Toll Free 800-424-9530
	Only		Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE  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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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	FEC Form 1 (Revised (		Page 3
		b Corporation Political Action Committee	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
C	harles Schwab Corp	orațion -	
 	<del>                                     </del>		<u> </u>
	Mailing Address	211 Main Street	
		San Francisco CA 94105	
		CITY STATE Z	IP CODE
	Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Eckel, Sco	tt, , ,	1
	Full Name	325 7th Street NW, Suite 200	
	Mailing Address		
		Washington DC 20004	
	Title or Position	CITY STATE Z	IP CODE
	Custodian of Records	Telephone number	
8.	<b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Eckel, Sco	tt, , ,	
	Mailing Address	325 7th Street NW, Suite 200	
		Washington DC 20004  CITY STATE ZI	P CODE
	Title or Position Treasurer	Telephone number	

. 20 : 0 : (.	Revised 02/2009)	
Full Name of Designated Agent Tow	wnsend, Michael, , ,	
Mailing Address	325 7th Street NW, Suite 200	
	Washington DC 2000	04 ZIP CODE
Title or Position Assistant Treasurer	Telephone number	
Banks or Other Deposafety deposit boxes of Name of Bank, Depos		nolds accounts, rents
Name of Bank, Depos	or maintains funds.	nolds accounts, rents
Name of Bank, Depos	or maintains funds. sitory, etc. ank of America	nolds accounts, rents
Name of Bank, Depos	or maintains funds. sitory, etc. ank of America	
Name of Bank, Depos	or maintains funds. sitory, etc.  ank of America  700 13th Street NW	
Name of Bank, Depos	or maintains funds. sitory, etc.  ank of America  700 13th Street NW  Washington  CITY  STATE	05
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: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Adding Affiliated Committee.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisir</b>	g Farticipant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Jama of Any Connected	Organization, Affiliated Committee, Joint Fundra	alaina Damuaaantatiiv	a au Landouchin DAC Chance
	E HOLDING CORPORATION PAC	aising nepresentative	e, or Leadership PAC Sponso
Mailing Address	200 S. 108th Avenue		
	Omaha	NE	68154
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Spo
	d Organization  Affiliated Committee  Joint  y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identify Full Name		Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identify  Full Name  Mailing Address	y by name, address (phone number – optional)		
Pesignated Agent: Identify Full Name	y by name, address (phone number – optional)  CITY	STATE A	Leadership PAC Spo
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY		
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mail afety deposit boxes or mail afety depository, etc	y by name, address (phone number – optional)  CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number the committee deposit	ZIP CODE A  s funds, holds accounts, rents
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor defety deposit boxes or mails.	y by name, address (phone number – optional)  CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number	ZIP CODE   s funds, holds accounts, rents
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mail afety deposit boxes or mail afety depository, etc	y by name, address (phone number – optional)  CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number the committee deposit	ZIP CODE   s funds, holds accounts, rents