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) is changed) over the lines. National Democratic Redistricting PAC 1032 15th Street NW ADDRESS (number and street) (Check if address Suite 247 is changed) Washington DC 20005 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS reporting@premier-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2023 C00630707 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. Bisognano, John, , , Type or Print Name of Treasurer Bisognano, John, , , [Electronically Filed] 03 2023 Signature of Treasurer Date 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

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. TYPE OF COMMITTEE:			
Candidate Committee:			
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cand information below.)			
Name of Candidate			
Candidate Party Affiliation Office Sought: House Senate	State President District		
(c) This committee supports/opposes only one candidate, and is NOT an authorized com			
Name of Candidate			
Party Committee:	-		
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line	e 6.) Its connected 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 se committee. (i.e., nonconnected committee)	eparate segregated 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.	)		
(g) 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 and the contribution and the contribut	counts (Hybrid PAC).		
In addition, this committee is a Lobbyist/Registrant PAC.			
Joint Fundraising Representative:			
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a feder	•		
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
Committees Participating in Joint Fundraiser			
1. [	C		
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V	Vrite or Type Committee Nam	ne			
	National Dem	ocratic Redistricting PAC			
6.		Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor		
	NONE				
	Mailing Address				
		CITY ▲ STAT	TE ▲ ZIP CODE ▲		
	Relationship: Connecte	d Organization Affiliated Organization Joint Fundraising Repr	resentative Leadership PAC Sponso		
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the p	person in possession of committee		
	Bisognan	o, John, , ,			
	Full Name				
	Mailing Address	1032 15th Street NW			
		Suite 247			
		Washington	20005		
		CITY ▲ STAT	TE ▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	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 Bisognan	o, John, , ,			
	of Treasurer				
	Mailing Address	1032 15th Street NW			
		Suite 247			
		Washington	C 20005		
		CITY ▲ STAT	E ▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number			

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Full Name of Designated Agent						
Mailing Address						
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲				
	Telephone number					
	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.						
	Amalgamated Bank					
Mailing Address	1825 K Street NW					
	Washington DC 2000	06				
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STATE ▲	ZIP CODE ▲				