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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. League of Conservation Voters Action Fund 740 15th St NW ADDRESS (number and street) 7th Floor (Check if address is changed) Washington DC 20005 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@lcv.org (Check if address is changed) Optional Second E-Mail Address lcv@beecompliance.co COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00252940 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. Sonekan, Titi, , , Type or Print Name of Treasurer Sonekan, Titi, , , [Electronically Filed] Date 19 2022 Signature of Treasurer 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 Only

Local 202-694-1100

FEC Form	1 (Revised 03/2022)	Page 2
. TYPE (OF COMMITTEE:	
Candid	date 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 information below.)	e the candidate
Name Candi		
Candi Party	idate Office House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of ndidate	
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the Republic	ratic, can, etc.) Party
Politic	al Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.	ected organization is a:
	Corporation Corporation w/o Capital Stock Labor	or Organization
	✗ Membership Organization Trade Association Cool	perative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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 (Hybrid	d PAC).
_	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint I	Fundraising Representative:	
(i)	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.	o or more political
(j)	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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	C	
_		

Treasurer

				_
- \	FEC Form 1 (Revised Write or Type Committee Name	·		Page 3
•			Fund	
6.		NSERVATION VOTERS ACTION Organization, Affiliated Committee, Joint Fur		ershin PAC Snonsor
0.	League of Conserva		idialising hepresentative, or Lead	eramp rac oponaci
	Mailing Address	740 15th St NW		
		7th Floor		
		Washington	DC 2000	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	d Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponse
	_			
7.	books and records.	tify by name, address (phone number optiona	I) and position of the person in posse	ession of committee
	Sonekan,	Titi, , ,		
	ruii Name	₁ 740 15th St NW		
	Mailing Address			
		7th Floor		
		Washington	DC 2000	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number 202 -	785 - 8683
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	treasurer of the committee; and the	name and address of
	Full Name Sonekan, of Treasurer	Titi, , ,		
	Mailing Address	740 15th St NW		
		7th Floor		
		Washington	DC 2000	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	511 -	57.112	

8683

202

Telephone number

785

	FEC Form 1	(Revised 02/2009)	Page 4
De	II Name of esignated ent	Thomas, Rich, , ,	
Ма	ailing Address	740 15th St NW	
		7th Floor	
		Washington	20005
		CITY ▲ STATE ▲	ZIP CODE ▲
	le or Position esignated Agen		202 - 785 - 8683
		Depositories: List all banks or other depositories in which the committee deposits ses or maintains funds.	funds, holds accounts, rents
Nar	me of Bank, D	epository, etc.	
		Amalgamated Bank	
Mai	iling Address	275 Seventh Ave	
		New York NY	10001
		CITY ▲ STATE ▲	ZIP CODE ▲
Nar	me of Bank, D	epository, etc.	
Mai	iling Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected LCV Victory Fund	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address	740 15th St NW		
	7th Floor		
	Washington	DC	20005
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank,	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank,	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

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(h). Joint Fundraisi r	ig Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundi	• .	e, or Leadership PAC Spon
Mailing Address	350 Frank H. Ogawa Plaza		
	Ste 1100		
	Oakland	CA L	94612
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fundr	• .	e, or Leadership PAC Sponso
Mailing Address	1145 CHESAPEAKE AVE		
	SUITE I		
	COLUMBUS	OH	43212
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint	EFundraising Representa	
Designated Agent: Iden			
Designated Agent: Iden Full Name			
Designated Agent: Iden Full Name			
Designated Agent: Iden Full Name	tify by name, address (phone number – optional)	STATE A	Leadership PAC Spo
Designated Agent: Iden Full Name Mailing Address	ify by name, address (phone number – optional) CITY		
Designated Agent: Iden Full Name _ _ Mailing Address TITLE OR POSITIO	iffy by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which maintains funds.	STATE A	ZIP CODE A
Pesignated Agent: Iden Full Name	iffy by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which maintains funds.	STATE A elephone Number the committee deposit	ZIP CODE A