FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADVANTAGE 2020 1225 Eye Street NW ADDRESS (number and street) Suite 1250 (Check if address is changed) WASHINGTON 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ADVANTAGE2020@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2015 C00572966 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. Mark Schauer Type or Print Name of Treasurer Mark Schauer [Electronically Filed] 09 15 2015 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. 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 C		<u>-</u>
(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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

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Write or Type Committee Na		, ago c
ADVANTAGE		
	d Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
 Custodian of Records: I books and records. 	dentify by name, address (phone number optional) and position of the	he person in possession of committee
I	Warner	
Full Name	1225 Eye Street NW	
Mailing Address	Suite 1250	
	Washington	, ,20005
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the commi g., assistant treasurer).	ittee; and the name and address of
Full Name Mark S	chauer	
of Treasurer	1225 Eye Street NW	
Mailing Address		
	Suite 1250	
	Washington	
Title or Position , Director	CITY STATE	ZIP CODE
I Director	Telephone number	

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Full Name of Designated Agent SI	helbi Warner	
Mailing Address	1225 Eye Street NW	
	Suite 1250	
	Washington DC 20005 CITY STATE	ZIP CODE
Title or Position Assistant Treasurer		
safety deposit boxes		ds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	ds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. malgamated Bank	ds accounts, rents
safety deposit boxes Name of Bank, Depo	ository, etc. Amalgamated Bank 275 Seventh Avenue	Ids accounts, rents
safety deposit boxes Name of Bank, Depo	ository, etc. Amalgamated Bank 275 Seventh Avenue New York New York CITY STATE	
safety deposit boxes Name of Bank, Depo	ository, etc. Amalgamated Bank 275 Seventh Avenue New York New York CITY STATE	
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