PREIT

PREIT-RUBIN, INC. Federal Political Action Committee

July 8, 2024

VIA OVERNIGHT DELIVERY

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463 Attn: Public Records Room

Dear Sir or Madam,

Enclosed please find the original FEC Form 1 changing the mailing address for PREIT-Rubin Inc Political Action Committee C00457606.

Please feel free to contact me at 215-454-1249 with any questions or concerns.

Sincerely,

Christiana Uy
Christiana Uy

PREIT-Rubin, Inc. Federal Political Action Committee 2005 Market Street, Suite 1120, Philadelphia, PA 19103 – 215-875-0700

2024 - 07 - 09 - 05 - 0047 M902

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

2024 JUL -9 AMII: 04

			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example: If typing, type over the lines.	12FE4M5			
PREIT-RUBIN INC PO	DLITICAL: ACTION COMM	ITITEE				
ADDRESS (number and stre		2005 MARKETISTREET , , , , , , , , , , , , , , , , , ,				
(Check if address is changed)	SUITE _I 1120 _{1 1 1}	SUITE:1120; , , , , , , , , , , , , , , , , , , ,				
	PHILADELPHIA L		PA 19103 -			
COMMITTEE'S E-MAIL AL	DDRESS					
(Check if address is changed)	SS MOSTL@PREIT.C	CO _M				
	Optional Second E-Ma					
COMMITTEE'S WEB PAG (Check if addressis changed)						
2. DATE 07 01 2024						
3. FEC IDENTIFICATION NUMBER ► C 00457606						
4. 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.						
Type or Print Name of Treasurer LISA M. MOST						
Signature of Treasurer Date 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 Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100				

FEC Form 1 (Revised 03/2022)

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. (Complete the candidate information below.)
Name of Candidate
Candidate Party Affiliation Office Sought: House Senate President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(d) This committee is a (National, State (Democratic, Republican, etc.) Party
Political Action Committee (PAC):
(e) This committee is a separate segregated fund. (Identify connected organization on line 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 separate segregated fund or party committee. (i.e., nonconnected committee)
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 PAC).
In addition, this committee is a Lobbyist/Registrant PAC.
Joint Fundraising Representative:
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) 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
2.

Page 2

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<u> </u>	FEC Form 1 (Revised 0 Vrite or Type Committee Name	3/2022)	Page 3
	••		
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
			
	Mailing Address		
			1 1 1 1 1
		CITY ▲ STATE ▲ 2	ZIP CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	eadership PAC Spons
 7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in possessio	n of committee
	Full Name	 	
	Mailing Address	<u> </u>	
			<u> </u>
		CITY ▲ STATE ▲ Z	ZIP CODE ▲
	Title or Position ♥		
		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
	Full Name of Treasurer	 	<u> </u>
	Mailing Address		
		<u> </u>	
		CITY ▲ STATE ▲ Z	ZIP CODE A
	Title or Position ▼		
		Telephone number	

FEC Form 1 (Re	evised 03/2022)	Page 4
Full Name of Designated Agent	<u> </u>	
Mailing Address		
		l.
	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Position ♥	J =	211 0002 2
	Telephone nur	mber
9. Banks or Other Dep safety deposit boxes of Name of Bank, Depos		ee deposits funds, holds accounts, rents
L		
Mailing Address		
		<u> </u>
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, Depos	sitory, etc.	
Lı		
Mailing Address		
		<u> </u>
	CITY A	STATE ▲ ZIP CODE ▲

FEC	Form	15	(Revised	03/2022)

Optional Supplemental Information

Page	of	
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FEC	Form 1S (Revised 03/2	2022)	for Lines 5(i) or (j), 6, 8 a	and/or 9	Page of
5(ı) or (j)	. Joint Fundraisin	g Participant:			
	1.			FEC ID number	
	2.	<u> </u>		FEC ID number	
	3.	11111		FEC ID number	
	4.			FEC ID number	
6. N a	ame of Any Connected	Organization, Af	filiated Committee, Joint Fund	raising Representative, or I	eadership PAC Sponsor
ł					
I			 		
	Mailing Address		<u> </u>		
	Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
	—	d Organization		at Fundraising Representative	Leadership PAC Sponsor
	Connected	organization	Allillated Continutee John	rundraising Representative	Leadership PAC Sponsor
8. D e	esignated Agent: Identify	y by name, addre	ess (phone number - optional)	•	
	Full Name				
	Mailing Address		 		<u> </u>
				1111111	
			<u> </u>	ا لیا لیب	
	TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
			т.	elephone Number]-[]-[
			····		
	anks or Other Deposito fety deposit boxes or ma		s or other depositories in which	the committee deposits fund	s, holds accounts, rents
	ame of Bank, epository, etc.				
	Mailing Address				
				ا لیا لیــ	
			CITY A	STATE ▲	ZIP CODE ▲

WASHINGTON DC 20002 (215) 454-1249 REF: PAC/FORM1

PRIORITY OVERNIGHT TUE - 09 JUL 10:30A

20002 DC-US IAD

PUBLIC RECORDS ROOM FEDERAL ELECTION COMMISSION 1050 FIRST STREET, N.E.

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(4/2023)	