

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Bank of America Corporation Federal PAC

ADDRESS (number and street)

1800 K St NW, Ste FL 3

(Check if address is changed)

DC1-842-03-01

Washington

CITY ▲

DC

STATE ▲

20006-2202

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

wendy.jamison@bofa.com

Optional Second E-Mail Address

fecinfo@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N/A

2. DATE

01 / 29 / 2024

3. FEC IDENTIFICATION NUMBER ▶

C C00364778

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 Jamison, Wendy, Y, ,

Signature of Treasurer Jamison, Wendy, Y, ,

Date

01 / 24 / 2024

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 contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. 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 State 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 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 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. _____
 2. _____

C _____
 C _____

Write or Type Committee Name

Bank of America Corporation Federal PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Bank of America Corporation

Mailing Address

100 North Tryon St.

Charlotte

NC

28255

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Jamison, Wendy, Y, ,

Mailing Address

2951 Centerville Rd, Suite 300

DE9-295-03-02

Wilmington

DE

19808

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

302

432

0956

8. Treasurer: 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 of Treasurer

Jamison, Wendy, Y, ,

Mailing Address

2951 Centerville Rd, Suite 300

DE9-295-03-02

Wilmington

DE

19808

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

302

432

0956

Full Name of Designated Agent

Carlisle Jr., James, R, ,

Mailing Address

1800 K St NW, Ste FL 3

DC1-842-03-01

Washington

DC

20006-2202

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Chairman

Telephone number

202

661

7127

9. 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.

Bank of America N.A.

Mailing Address

901 W. Trade Street

Charlotte

NC

28255

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This amended registration is being filed to update address of the PAC, Treasurer, Chairman, Custodian of Records and the affiliated PAC.

Form/Schedule:
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Bank of America Corporation State and Federal PAC

Mailing Address _____

2951 Centerville Rd, Suite 300

DE9-295-03-02

Wilmington _____ DE _____ 19808 _____

Relationship: _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲

_____ Telephone Number _____ - _____ - _____

9. **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. _____

Mailing Address _____

_____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲