Only

## STATEMENT OF

PAGE 1/6

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) is changed) over the lines. OEWS CORPORATION PUBLIC AFFAIRS COMMITTEE 9 West 57th Street ADDRESS (number and street) 20th Floor (Check if address is changed) New York 10019 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mschwartz@loews.com (Check if address is changed) Optional Second E-Mail Address astraus@loews.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2023 C00416495 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. Schwartz, Mark, , , Type or Print Name of Treasurer Schwartz, Mark, , , [Electronically Filed] Date 06 29 2023 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Comple	e the candidate information below.)
(b) This committee is an authorized committee, and is NOT a print information below.)	rincipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	State President  District
(c) This committee supports/opposes only one candidate, and i	NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) comm	(Democratic, ttee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify con	nected organization on line 6.) Its connected organization is a
Corporation Corporation	w/o Capital Stock Labor Organization
Membership Organization Trade Associ	iation Cooperative
In addition, this committee is a Lobbyist/Registran	PAC.
(f) This committee supports/opposes more than one Federal ca committee. (i.e., nonconnected committee)	ndidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registran	PAC.
In addition, this committee is a Leadership PAC. (	dentify sponsor on line 6.)
(g) This committee is an independent expenditure-only political	committee (Super PAC).
In addition, this committee is a Lobbyist/Registran	PAC.
(h) This committee is a political committee with both contribution	and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registran	PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expectations committees/organizations, at least one of which is an authority	·
(j) This committee collects contributions, pays fundraising experimental committees/organizations, none of which is an authorized committees.	·
Committees Participating in Joint Fundraiser	
1.	C
- 1	C

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
te or Type Committee Name	

		DRPORATION PUBLIC Al ted Organization, Affiliated Committee, Joint		EE
6.	Loews Corporati	-	rundialsing nepresentative, or Lea	dership FAC Sponsor
	Mailing Address	9 West 57th Street		
		20th Floor		
		New York	NY   10	065
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Conn	nected Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records: books and records.	: Identify by name, address (phone number option	onal) and position of the person in pos	session of committee
	Strau	us, Amy, , ,		
	Full Name			
	Mailing Address	c/o Loews Corporation		
		9 West 57th Street, 20th Floor		
		New York	NY 10	019
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number 212	521 2684
	<b>T</b>	ne and address (phone number optional) of the	he treasurer of the committee; and the	ne name and address of
8.		(e.g., assistant treasurer).		
8.	any designated agent (	(e.g., assistant treasurer).		
8.	any designated agent (			
8.	any designated agent ( Full Name Schw			
8.	any designated agent (  Full Name Schw of Treasurer	vartz, Mark, , ,		
8.	any designated agent (  Full Name Schw of Treasurer	vartz, Mark, , , c/o Loews Corporation	NY 10	019
3.	any designated agent (  Full Name Schw of Treasurer	vartz, Mark, , ,	NY 10	019

FEC Form	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Straus, Amy, , ,		
Mailing Address	c/o Loews Corporation		
	9 West 57th Street, 20th Floor New York	NY	, 10019
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst. Treasurer		lephone number 21:	2
	<b>Depositories:</b> List all banks or other depositories in which toxes or maintains funds.	he committee deposits ful	nds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	JPMorganChase Bank NA		
Mailing Address	PO Box 182051		
	Columbus	OH	43218-2051
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
Mailing 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

Page \_\_\_\_ **of** \_\_\_\_

1.	ng Participant:					
			FE	C ID number	C	-
2			FE0	C ID number	С	
3.			FE	C ID number	С	
4.			FE	C ID number	С	-
ame of Any Connected				Representativ	e, or Leadership PAC	Spon
CNA Financial Co	orporation Citiz	ens for Good Gov	/ernment			
Mailing Address	151 N. Franklin S	St				
	9th Floor					
	Chicago				60606	
Relationship:		CITY A		STATE A	ZIP COD	E 🛦
Connected	d Organization	Affiliated Committee	Joint Fundra	ising Represent	ative Leadership	PAC S
Full Name						
Mailing Address						
	•	CITY A		STATE ▲	ZIP CODE	
TITLE OR POSITION	•					<b>A</b>
TITLE OR POSITION			Telephon	e Number		
anks or Other Deposito	ories: List all banks	or other depositories in			ts funds, holds accoun	
anks or Other Deposito	ories: List all banks	or other depositories in			ts funds, holds accoun	
anks or Other Deposito fety deposit boxes or ma	ories: List all banks	or other depositories in			ts funds, holds accoun	
anks or Other Deposito fety deposit boxes or ma	ories: List all banks	or other depositories in			ts funds, holds accoun	
anks or Other Deposito aftery deposit boxes or material boxes.  ame of Bank, epository, etc.	ories: List all banks	or other depositories in			ts funds, holds accoun	

FEC Form 1S (Revised 02/2017)

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

Page	6	of <sup>6</sup>	
Page		01 ,	

h). <b>Joint Fundrais</b> i	I	FEC ID number	C
1		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundr LC Public Affairs Committee (Boardw		
Marilia a Adalas a	9 Greenway Plaza		
Mailing Address	Suite 2800		
	Houston	, TX	77046
Deletionship			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representation	Leadership PAC S
esignated Agent: Ident		Fundraising Representation	Leadership PAC S
esignated Agent: Ident		Fundraising Representation	Leadership PAC S
esignated Agent: Ident	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A