Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Toll Bros. Inc. PAC 1140 Virginia Drive ADDRESS (number and street) (Check if address is changed) Fort Washington 19034 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS pac@tollbrothersinc.com (Check if address is changed) Optional Second E-Mail Address kcoen@tollbrothers.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 12 18 2006 C00128561 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. Coen, Kevin, , , Type or Print Name of Treasurer Coen, Kevin, , , [Electronically Filed] 04 05 2023 Signature of Treasurer 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 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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5. TYPE OF CO	MMITTEE:				
Candidate (	Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
1.1	committee is an authorized committee, and is NOT a principal campaign committee. (Complete the rmation below.)	e candidate			
Name of Candidate	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Candidate Party Affiliati	ion 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 Comn	nittee:				
-	(National, State committee is a republican, state or subordinate) committee of the Republican,				
Political Act	tion Committee (PAC):	_			
(e) This	committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	ed organization is a:			
П	Corporation W/o Capital Stock Labor O	rganization			
П	Membership Organization Trade Association Coopera				
_	In addition, this committee is a Lobbyist/Registrant PAC.				
1.1	committee supports/opposes more than one Federal candidate, and is NOT a separate segregated mittee. (i.e., nonconnected committee)	d 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 PA	AC).			
_	In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Funds	aising Representative:				
(i) This	committee collects contributions, pays fundraising expenses and disburses net proceeds for two o mittees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(i) This	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
Committee	es Participating in Joint Fundraiser				
1.	C				
1					

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۷۱	Toll Bros. Inc. I	ΡΔC		
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC				
	NONE			
	Mailing Address			
	S			
			1 1 1	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected		raising Representati	
	relationship.	Organization Affiliated Organization Joint Fundr	aising nepresenta	Leadership FAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and posi	tion of the person	in possession of committee
	Mainardi, E	rica, , ,		
	Full Name			
	Mailing Address	1140 Virginia Drive		
		Fort Washington	PA	19034
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	VP Accounting		e number	15 938 8000
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer ossistant treasurer).	of the committee;	and the name and address of
	Full Name Coen, Kevii	n, , ,		
	of Treasurer			
	Mailing Address	1140 Virginia Drive		
		Fort Washington	PA	19034
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		e number	15 - 938 - 8000

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Full Name of Designated		
Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	7	
	Telephone number	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits fundaxes or maintains funds.	s, holds accounts, rents
Name of Bank, D	pepository, etc.	
	Wells Fargo	
Mailing Address	PO Box 63020	
	San Francisco CA	94163
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲