

# 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

WOODWARD, INC. FOR EFFECTIVE GOVERNMENT

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250

(Check if address is changed)

SAN RAFAEL

CITY ▲

CA

STATE ▲

94901

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

FECForm1@nmgovlaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 / 09 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C C00502955

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 KAUNE, JASON D., , ,

Signature of Treasurer KAUNE, JASON D., , ,

[Electronically Filed]

Date

03

09

2023

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

WOODWARD, INC. FOR EFFECTIVE GOVERNMENT

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

Grid lines for organization name entry

Mailing Address 1000 EAST DRAKE ROAD

Grid lines for mailing address entry

FORT COLLINS CO 80525

CITY STATE ZIP CODE

Relationship: [x] 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 KAUNE, JASON D., , ,

Mailing Address 2350 KERNER BLVD., SUITE 250

Grid lines for mailing address entry

SAN RAFAEL CA 94901

CITY STATE ZIP CODE

Title or Position

Custodian of Records Telephone number 415 389 6800

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 KAUNE, JASON D., , ,

Mailing Address 2350 KERNER BLVD., SUITE 250

Grid lines for mailing address entry

SAN RAFAEL CA 94901

CITY STATE ZIP CODE

Title or Position

Treasurer Telephone number 415 389 6800

Full Name of Designated Agent CASTONGUAY, CATE, , ,

Mailing Address 2350 KERNER BLVD., SUITE 250
SAN RAFAEL CA 94901
CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 415 389 6800

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 MARIN

Mailing Address 504 TAMALPAIS DRIVE
CORTE MADERA CA 94925
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE