| FEC FORM 1 | STATEMEN ORGANIZA | | Office Use | PAGE 1 / 4 |
|--|--|--|-----------------------------|-----------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 |] |
| Pelzer for Con | gress | | | |
| | | | | |
| ADDRESS (number and stree | 13547 Ventura Blvd et) | | | |
| (Check if addrest is changed) | s <mark>#323</mark> | | | |
| is changedy | Sherman Oaks | | CA 91423 | |
| | CITY A | | STATE A | ZIP CODE |
| COMMITTEE'S E-MAIL AD | DRESS | | | |
| (Check if addres is changed) | s Jon@pelzerforcongress.c | com | | |
| | Optional Second E-Mail Addre | | | 1 |
| COMMITTEE'S WEB PAGE (Check if address is changed) | | | | |
| 2. DATE 06 | 22 / Y Y Y Y 2017 | | | |
| 3. FEC IDENTIFICATION | N NUMBER ► C COOR | 348527 | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| I certify that I have examin | ed this Statement and to the best of | my knowledge and belief it | is true, correct and comple | te. |
| Type or Print Name of Trea | surer Pollock, Michael, , , | | | |
| Signature of Treasurer | Pollock, Michael, , , | [Electronically Filed] | Date 06 / 23 | / 2017 |
| NOTE: Submission of false, e | erroneous, or incomplete information ma ANY CHANGE IN INFORMATION | | | s of 2 U.S.C. §437g. |
| Office Use Only | | For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FORM 1 ed 06/2012) |

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|----------------|--------------------|--|
| | | OMMITTEE |
| Cano | didate | 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 Candi | | Pelzer, Jonathan, Neil, , |
| Candi Party | date Affiliatio | DEM Office Sought: X House Senate President CA District 30 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Candi | | |
| Party | y Con | nmittee: |
| (d) | | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party. |
| Polit | ical A | ction 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.) |
| Joint | Fund | raising Representative: |
| (g) | | 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. |
| (h) | | 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. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | |
| | 2. | |
| | 2. 3. | |
| | 0. | |
| | 4. | FEC ID number |

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Write or Type Committee Name

Pelzer for Congress

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

| Mailing Address | | | |
|---|---|--------------------------------|-------------------------------|
| | | | |
| | | | - |
| | CITY | STATE | ZIP CODE |
| Relationship: Connec | ted Organization Affiliated Committee Jo | int Fundraising Representative | e Leadership PAC Sponsor |
| Custodian of Records: la books and records. | dentify by name, address (phone number optic | nal) and position of the perso | on in possession of committee |
| Pollock | , Michael, , , | | |
| | 343 Patton Street | · · · · · · · · · · · · · | |
| Mailing Address | | | |
| | Los Angeles | | 90026 |
| | | | |
| Title or Position | CITY | STATE | ZIP CODE |
| | <u> </u> | Telephone number | |
| 8. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the tr ., assistant treasurer). | easurer of the committee; an | d the name and address of |
| | Michael, , , | | |
| Mailing Address | 343 Patton Street | | |
| | | | |
| | Los Angeles | | 90026 |

| Title or Position | | |
|-------------------|------------------|--|
| | Telephone number | |

STATE

ZIP CODE

CITY

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | I | | | | | | | | | 1 | | | |
|-------------------------------------|--|--|--|--|--|---|------|---|--|--|------|-----|-----|------|-----|-----|----|--|---|--|-----|----|----|----|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | L | | | | _ | | | |
| | | | | | | C | :IT) | (| | | | | | | | STA | ΤE | | | | ZII | ΡC | OD | ١E | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

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.

| | Union Bank | | |
|-----------------|--------------------|---------|----------|
| Mailing Address | 16633 Ventura Blvd | | |
| | | | |
| | Encino | CA 9143 | 6 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |