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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Candidates Victory Fund 777 S. Figueroa St. ADDRESS (number and street) **Suite 4050** (Check if address is changed) Los Angeles 90017 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sshin@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address iguard@kaufmanlegalgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00680777 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. Hale, Tony, , , Type or Print Name of Treasurer Hale, Tony,,, [Electronically Filed] 02 05 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

Only

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Com information below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
			District
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)	x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	Cisperos for Congress	650648
	2.	Josh Harder for Congress FEC ID number C C006	639146
	3.	Mike Levin for Congress FEC ID number C C006	634253
	4.	Harley Rouda for Congress C C006	33982

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Write or Type Committee Name		T age
California Candidates	Victory Fund	
	Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
NONE	<b>v</b> .	, ,
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected Organization	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identify by name, books and records.	address (phone number optional) and position of the pers	son in possession of committee
Kaufman, Stephen, , ,		
Full Name	eroa St.	
Mailing Address Lile 4050		
Los Angele	s , CA ,	90017
Title or Position	CITY STATE	ZIP CODE
Counsel	Telephone number	3   -   452   -   6565
Treasurer: List the name and address (ph any designated agent (e.g., assistant treas	none number optional) of the treasurer of the committee; as	nd the name and address of
Full Name Hale, Tony, , , of Treasurer		
Mailing Address 777 S. Figue	eroa St.	
Suite 4050		
Los Angeles	s CA	90017
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	3 - 452 - 6565

FEC <b>Forr</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	I	1
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1 .
	Telephone number	
Mailing Address	California Bank & Trust    550 S. Hope Street     Suite 100     Los Angeles   CA   90071	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		1

FEC Form 1S (Revised 02/2017)

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

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(h). <b>Joint Fundraisin</b> Katie Porter for	•		EC ID number	C C00636571
1. TJ Cox for Con				C C00648956
2. Christy Smith fo			EC ID number	
3. Blue Momentun			EC ID number	C C00725101
4. High High High High High High High High	IFAC		EC ID number	C C00589309
lame of Any Connected	Organization, Affiliated Commi	tee. Joint Fundraisin	a Representative	e. or Leadership PAC Spons
				.,
Mailing Address				
Relationship:	CITY	<u> </u>	STATE ▲	ZIP CODE ▲
	Organization Affiliated Com		draising Represent	ative Leadership PAC Sp
	Affiliated Com  by name, address (phone numb		draising Represent	Leadership PAC Sp
Designated Agent: Identify			draising Represent	Leadership PAC Sp
Pesignated Agent: Identify			draising Represent	Leadership PAC Sp
Pesignated Agent: Identify			draising Represent	Leadership PAC Sp
Pesignated Agent: Identify	by name, address (phone numb		draising Represent	
Pesignated Agent: Identify  Full Name  Mailing Address	by name, address (phone numb	per – optional)		
Pesignated Agent: Identify  Full Name  Mailing Address	by name, address (phone numb	per – optional)	STATE A	
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito	by name, address (phone numb	per – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail	by name, address (phone numb	per – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito	by name, address (phone numb	per – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mailane of Bank,	by name, address (phone numb	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mailane of Bank, Depository, etc.	by name, address (phone numb	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mailane of Bank, Depository, etc.	by name, address (phone numb	per – optional)	STATE A	ZIP CODE A