Only

STATEMENT OF

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FORM 1		OR	GAN	IZA	TIC	N												
												(Office	Use O	nly			
NAME OF COMMITTEE (in	n full)		ck if name anged)	е		nple:If t the line	yping, t s.	ype	1	2FI	Ξ4M	5						
DAGA PLP																		
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ADDDECC /		1350 I Street	NW											1 1				
ADDRESS (number and street) (Check if address		Suite 300																
is change		Weshington											205					
		Washington CITY	<u> </u>						L	DC TATE			005	Z	- IP C	ODE		
COMMITTEE'S E-MA	AIL ADDRES	SS																
X ◀ (Check if		compliance	@dagaplp	.com	1 1		1 1	1 1	1 1	ı	1 1	ı	l I	1 1	ı	1 1	1 1	.
is change	u)	Optional Sec	and F-Ma	ail Addre	200													_
COMMITTEE'S WEE	R PAGE ADD	DRESS (LIBL)																
(Check if	address	www.dems.ag	1															. 1
is change	d)																	
2. DATE 0	M / D 15		4															
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C00	687137	-												
4. IS THIS STATE	MENT	NEW (N)	0	R	×	AM	ENDE) (A)										
I certify that I have	examined th	is Statement a	nd to the	best of	f my kı	nowledg	e and	belief	it is tı	ue, o	corre	ct an	d cor	mplet	э.			
Type or Print Name	of Treasurer	Pickrell, Aaro	n, , ,															
Signature of Treasur	er <u>Pickre</u>	ell, Aaron, , ,							Dat	e	M C	M 14	/ D	15	/	Y 20	24	Y
NOTE: Submission of	false, errone	ous, or incompl											pen	alties	of 52	2 U.S.	C. §3	0109.
Office Use		For further information Federal Election Commi Toll Free 800-424-9530					Commis		et:						RM 1 (2012)		_ 	

Local 202-694-1100

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	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 Office Party Affiliation Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District					
	Name of Candidate						
	Party Committee:						
	(d) This committee is a (National, State or subordinate) committee of the 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 Ore	ganization					
	Membership Organization Trade Association Cooperati	ve					
	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 committee. (i.e., nonconnected committee)	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 PAC	C).					
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political					
(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						

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٧	Vrite or Type Committee Name		<u>-</u>
	DAGA PLP		
6.		rganization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	_	_	
7.	Custodian of Records: Identibooks and records.	fy by name, address (phone number optional) and position of the person in po	ossession of committee
	Pickrell, Aa	ron	
	Full Name	101, , ,	
	Mailing Address	PO Box 34445	
		I	
		Washington DC 2	0005
		CITY A CTATE A	7ID 00DE A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	470 3165
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name Pickrell, Aa of Treasurer	ron, , ,	
	Mailing Address	PO Box 34445	
		Washington DC 2	0005
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	470 3165

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Full Name of Designated	(
Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲	
		one number	
	Depositories: List all banks or other depositories in which the cases or maintains funds.	committee deposits funds, holds accounts, rents	
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	275 Seventh Ave		
			┙
	New York	NY 10001	, I
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, D	epository, etc.		
Mailing Address			
			Ш
	CITY ▲	STATE ▲ ZIP CODE ▲	