PAGE 1 / 4

Image# 201909209163448594

FEC FORM 2

STATEMENT OF CANDIDACY

_	/-> NI	-4.0	/! fII\										
1.		of Candidate											
		Porter, Katherine, , ,			2 Candidate's FEC Identification Number								
	(b) Address (number and street) ☐ Check if address changed P.O. Box 5176			2. Candidate's FEC Identification Number H8CA45130									
	(c) City, S	tate, and ZIP	Code					3. Is This		•W		Ameno	ded
	Irvine				CA	9261	7	Staten				x (A)	
4.	Party Affil	iation		5. Office Soug	jht		6. State & Dis	trict of Candi	date				
	DEMOC	RATIC PART	Υ	House			CA	45					
			DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE				
7.	I hereby o	lesignate the f	ollowing nar	med political co	mmittee as m	ny Principal (Campaign Com	mittee for the	2020 (year of elect		tion(s).	
	NOTE: Th	nis designation	should be f	iled with the ap	propriate offi	ce listed in th	ne instructions.						
	(a) Name	of Committee	(in full)										
	Kat	ie Porter	for Con	gress									
	/I \ A I I	/ 1	1 ()										
	` '	ss (number ar Box 5176	id street)										
	(c) City, S	tate, and ZIP	Code										
	Irvin	ie					CA	92617	7				
			DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES				
						_	g Representativ						
0	I horoby o	uthorizo tho f	ollowina nam	and committee	which is NO	F my princip	al compoign cor	mmittaa tara	socius and ovr	and fund	de on	hohalf of m	2)./
0.	candidacy		Silowing nan	ied committee,	WINCITIS INC	i iliy pililoipa	al campaign cor	minitee, to re	ceive and exp	ena ranc	15 UII	benan or n	ıy
	•			the along the along the			_						
	NOTE: This designation should be filed with the principal campaign committee.												
	(a) Name of Committee (in full)												
	Cal	ifornia C	andidate	es Victory	Fund								
	(b) Addre	ss (number ar	nd street)										
		6. Figueroa St											
	Ste. 4	1050											
	(c) City, S	tate, and ZIP	Code										
	Los	Angeles					CA	90017					
		I certify tha	at I have exa	mined this Sta	tement and to	the best of i	my knowledge a	and belief it is	s true, correct	and com	plete.		
Sig	Signature of Candidate							Date					
Porter, Katherine, , ,			(III)	. 11 12 13	09/20/20	19							
						[Eleci	ronically Filed]	00/20/20					
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												
	1	1											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2 of	4	
raye	O I		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	Red To Blue Victory Fund								
	(b) Address (number and street) 430 South Capitol Street SE 2nd Floor								
	(c) City, State, and ZIP Code								
	Washington	DC	20002						
8.		I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)								
	Lofgren Victory Fund								
	(b) Address (number and street) c/o Contribution Solutions LLC								
	1346 The Alameda #7-380								
	(c) City, State, and ZIP Code								
	San Jose	CA	95126						
0.	I hereby authorize the following named committee, which is NOT my p candidacy. NOTE: This designation should be filed with the principal of (a) Name of Committee (in full) Takano California Wave		•						
	(b) Address (number and street) PO Box 15320								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						
8.	I hereby authorize the following named committee, which is NOT my p candidacy. NOTE : This designation should be filed with the principal of (a) Name of Committee (in full)			f of my					
	CA Majority Makers (b) Address (number and street) PO Box 15320								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						
	-								

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

_	3 -4	4
Page	³ of '	•

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	MA House Victory Fund							
	(b) Address (number and street) 918 Pennsylvania Ave. SE							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my pr candidacy. NOTE : This designation should be filed with the principal ca			end funds on behalf of my				
	(a) Name of Committee (in full) House Victory Project							
	(b) Address (number and street) 918 Pennsylvania Ave. SE							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my procandidacy. NOTE: This designation should be filed with the principal case. (a) Name of Committee (in full) Lead The Way			end funds on behalf of my				
	(b) Address (number and street) 1887 Whitney Mesa Dr.							
	Suite 2980 (c) City, State, and ZIP Code							
	Henderson	NV	89014					
8.	I hereby authorize the following named committee, which is NOT my procandidacy. NOTE: This designation should be filed with the principal case. (a) Name of Committee (in full) Katie Porter Victory Fund		·	end funds on behalf of my				
	(b) Address (number and street) 611 Pennsylvania Ave SE							
	Ste 143							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	⁴ of	4	
i aye	O.		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	a) Name of Committee (in full) Porter Ferguson Victory							
	(b) Address (number and street) 611 Pennsylvania Ave SE #143							
	(c) City, State, and ZIP Code			-				
	Washington DC		20003					
8.	I hereby authorize the following named committee, which is NOT my principal campaign candidacy. NOTE: This designation should be filed with the principal campaign core.	mittee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)							
	PSW Victory Fund							
	(b) Address (number and street) PO Box 15320							
	(c) City, State, and ZIP Code							
	Washington DC		20003					
8.	8. I hereby authorize the following named committee, which is NOT my principal camp candidacy. NOTE: This designation should be filed with the principal campaign cor (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	_	mittee, to receive and expend funds on behalf of my					
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign condidacy. NOTE: This designation should be filed with the principal campaign cor	-	mittee, to receive and expend funds on behalf of my					
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							