Only

STATEMENT OF

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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 ▲ COMMITTEE'S E-MAIL ADDRESS sshin@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address jguard@kaufmanlegalgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2022 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 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C Form	(Revised 03/2022)	Page 2
5.	TYPE C	F COMMITTEE:	
	Candid	ate Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information	ion below.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee. (Complete the candidate
	Name Candid		
	Candid Party	Affiliation Office Sought: House Senate	State President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized con	mmittee.
	Nam Can	e of lidate	
	Party (Committee:	
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
	Politica	I Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on lin	ne 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 scommittee. (i.e., nonconnected committee)	separate segregated 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	5.)
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	,
	(9)	In addition, this committee is a Lobbyist/Registrant PAC.	
	(b)	This committee is a political committee with both contribution and non-contribution a	counts (Hybrid PAC)
	(h)	In addition, this committee is a Lobbyist/Registrant PAC.	ccounts (Hybria FAO).
		in addition, this committee is a cobbyistinegistratic rac.	
	Joint F	undraising Representative:	
	(i) x	This committee collects contributions, pays fundraising expenses and disburses net process committees or committees or committees of a feet of the committee of a feet of the committee of the committee of a feet of the committee	·
	(j)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal car	·
		mittees Participating in Joint Fundraiser	
		Aike Levin for Congress	C C00634253
		Blue Momentum PAC	C C00589309

J	FEC Form 1 (Revised 0	2/2009)			Page 3
٧	Vrite or Type Committee Name				
	California Cand	didates Victory Fund			
6.	Name of Any Connected O	rganization, Affiliated Committee, Jo	pint Fundraising Represent	ative, or Leade	rship PAC Sponsor
	INOINE				
	Mailing Address				
		CITY ▲	STAT	ΓE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repr	resentative	Leadership PAC Sponso
	_	_	_		
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number	optional) and position of the p	person in posses	ssion of committee
	Kaufman, S	Stephen, , ,			
	Full Name				
	Mailing Address	777 S. Figueroa St.			
		Suite 4050			
		Los Angeles	CA	90017	,
		CITY ▲	STAT	TE ▲	ZIP CODE ▲
	Title or Position ▼				
	Counsel		Telephone number	213 –	452 - 6565
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the comm	mittee; and the	name and address of
	Full Name Hale, Tony,	,,			
	of Treasurer				
	Mailing Address	777 S. Figueroa St.			
		Suite 4050			
		Los Angeles	C	A 90017	,
		CITY ▲	STAT	ΓE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	213 –	452 6565

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number Telephone number California Bank & Trust California Bank & Trust Mailing Address California Bank & Trust Suite 100 Los Angeles CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. California Bank & Trust Suite 100 Los Angeles CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	FEC Form	(Revised 02/2009)		Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number Telephone number Telephone number CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number California Banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. California Bank & Trust Suite 100 Los Angeles CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	Designated			
Title or Position ▼ Telephone number	Mailing Address			
Title or Position ▼ Telephone number				
Title or Position ▼ Telephone number				
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. California Bank & Trust Mailing Address Suite 100	Title or Position		STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc. California Bank & Trust Mailing Address Suite 100 Los Angeles CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.			number	
California Bank & Trust Mailing Address	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the common xes or maintains funds.	mittee deposits fo	unds, holds accounts, rents
Mailing Address 550 S. Hope Street	Name of Bank, I	Depository, etc.		
Suite 100 Los Angeles CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.		California Bank & Trust		
Los Angeles CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	Mailing Address	550 S. Hope Street		
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.		Suite 100		
Name of Bank, Depository, etc.		Los Angeles	CA	90071
		CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address Line In the control of the control	Name of Bank, I	Depository, etc.		
Mailing Address				
	Mailing Address			
CITY ▲ STATE ▲ ZIP CODE ▲		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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Rudy Salas for	Congress	FEC ID number	C C00791756
Jay Chen for C	ongress	FEC ID number	C C00665695
Dr. Asif Mahmo	od for Congress	FEC ID number	C C00801688
4. Will Rollins for 0	Congress	FEC ID number	C C00792507
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Maining Addition			
Relationship:	CITY A	STATE A	ZIP CODE A
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esignated Agent: Identify	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A	
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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5(g) c	or(h). Joint Fundraisi i	ng Participant:			
0(9)	Kermit Jones f	_	FEC	D number	C00786087
	Adam Gray for	Congress	FEC II	D number	C00801431
	Josh Harder fo	r Congress	FEC II	D number	C00639146
	4. Katie Porter for	Congress	FEC II	D number C	C00636571
6.	Name of Any Connected	Organization, Affiliated Committee	e, Joint Fundraising Re	presentative, o	or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Commit	tee Joint Fundraisin	g Representativ	e Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number	– optional)		
8.	Designated Agent: Identif	y by name, address (phone number	– optional)	1 1 1 1	
8.		y by name, address (phone number	- optional)		
8.	Full Name	y by name, address (phone number	- optional)		
8.	Full Name	y by name, address (phone number	- optional)		
8.	Full Name	CITY	- optional)	STATE A	ZIP CODE A
8.	Full Name L L L L L L L L L L L L L L L L L L L	CITY	- optional) Telephone N	STATE A	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY A	Telephone N	STATE Jumber	
9.	Full Name Mailing Address TITLE OR POSITION	CITY A	Telephone N	STATE Jumber	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	CITY A	Telephone N	STATE Jumber	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	CITY A	Telephone N	STATE Jumber	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	CITY A	Telephone N	STATE Jumber	

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

FEC Form 1S (Revised 02/2017)

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	ng Participant:				
Christy Smith 1	or Congress		FEC	D number	C C00725101
2.			FEC	D number	С
3.			FEC	D number	С
4			FEC	D number	C
Name of Any Connected	Organization, Affilia	ated Committee, Joint F	undraising Re	epresentativ	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
Connects	ed Organization	Affiliated Committee	Joint Fundraisi	na Renresent	ative Leadership PAC Spo
Designated Agent: Identif	fy by name, address	(phone number – optiona	ıl)		
Designated Agent: Identi	fy by name, address	(phone number – optiona	ul)		
	y by name, address	(phone number – optiona	ul)		
Full Name	fy by name, address	(phone number – optiona	ul)		
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Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc.	l ▼	CITY A or other depositories in w	Telephone	Number	ts funds, holds accounts, rents