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FEC FORM 1	STATEMEN ORGANIZA				ł	PAGE 1 / 13	
				Offi	ce Use Only		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4	M5			
Gillibrand for Senat	e 						
							I
	PO Box 150516						
ADDRESS (number and street)							
is changed)							
	Brooklyn		NY	1121			
	CITY ▲		STATE 🔺		ZIP	CODE	
COMMITTEE'S E-MAIL ADDRES	S						
(Check if address is changed)	cjgrover@vlpc.com						
	Optional Second E-Mail Add	ress					
COMMITTEE'S WEB PAGE ADD	RESS (URL) ,www.kirstengillibrand.com						
(Check if address is changed)							
	1						I
2. DATE 08 / 16	D / Y Y Y Y 2024						
3. FEC IDENTIFICATION NU	MBER ► C co	0413914					
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)					
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief	it is true, co	rrect and	complete.		

Туре о	r Print Name of	Treasurer Lowey	, Keith, D., ,				
Signatu	ire of Treasurer	Lowey, Keith, D	•, ,		Date	08 / D / 16	Y Y Y Y 2024
NOTE:	Submission of fal			may subject the person sin TION SHOULD BE REPO			52 U.S.C. §30109.
	Office Use Only			For further inform Federal Election Co Toll Free 800-424-9	ommission 9530	FEC FO (Revised 0	-

Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
Only		Local 202-694-1100	

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Gillibrand, Kirsten, , Candidate State NY Candidate Office DEM Senate House President Party Affiliation Sought: District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.) (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).
	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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (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.
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Cillibrard for Conata	

Gillibrand for Senate

6.	Name of Any Connected Or	ganization, Affiliated	Comm	ittee,	Join	t F	undra	ising	j Re	pre	sent	ativ	e, o	r Le	ade	rshi	D PA	C S	Spor	nsor	
	Gillibrand Victory Fun	l d ⊥	<u> </u>																		
	Mailing Address	124 Washington Stree	t 																		
		Suite 101			I																
		Foxboro									MA	۹ 		0	2035	5]-			
			CITY	′▲						:	STAT	Έ	•			ZI	РС	OD	E 🔺		
	Relationship: Connected	Organization Affilia	ted Org	janizati	on	×	Join	t Fun	drais	ing	Repr	ese	ntati	ve		Lea	ders	ship	PAC) Sp	onsoi

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Lowey, Keith, D., ,
Full Name	
Mailing Address	124 Washington Street
	Suite 101
	Foxboro MA 02035
	CITY A STATE A ZIP CODE A
Title or Position \mathbf{v}	
Treasurer	Telephone number 508 543 1720

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Lowey, Keith, D., ,
Mailing Address	124 Washington Street
	Suite 101
	Foxboro MA 02035 Image: Im
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Image: Solution of the second state

FEC Form 1 (Revised 02	/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	·

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.

Amalg	amated Bank		
Mailing Address	1825 K Street, NW		
	Washington		
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository	ν, etc. Bridge Bank, NA		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
	CITY A	STATE A	ZIP CODE

		Participant:						
1. 🗋) number	С		
2.				FEC IE) number	С		
3.				FEC ID) number	С		
4.) number	С		
Name of	Any Connected C	Organization, Affilia	ted Committee, Joint F	undraising Rep	oresentative	e, or Lead	ership PAC	Sponso
Finan	cial Innovation V	ictory Committee						1 1
				· · · · · ·				
Ма	iling Address	502 Monroe Street						
		Newport			KY	4107	1	
Re	lationship:		CITY A		STATE A		ZIP COD	E 🔺
		by name, address (phone number – optiona	al)				
	Name							
Mailir	ng Address							
TITL	E OR POSITION	▼	CITY 🔺		STATE 🔺		ZIP CODE	

g) or (h). Joi i	nt Fundraising	Participant													
1.							FE	C ID n	umber	С					
2.							FE	C ID n	umber	С					
3.							FE	C ID n	umber	С					
4.							FE	C ID n	umber	С					
										_					_
Name of Any	Connected C	rganization	Affiliate	ed Commi	ittee, Joi	nt Fun	draising	Repres	sentativo	e, or L	eader	ship I	PAC S	ponso	r
New York	Majority Fun	d													I
Mailing	Address	124 Washir	ngton St.												
		Suite 101			1 1 1	1 1					1 1				I
		Foxboro							MA	(02035		_		
	chin:			CITY A				I S'				ZIP (
Relatior	isilip.												CODE	A	
	Connected	_	-	filiated Corr			nt Fundra	aising Re	epresenta	ative		eaders	hip PA		nso
	Connected	_	-	filiated Corr				aising Re	epresenta	ative		eaders			nso
Designated # Full Name	Connected	_	-	filiated Corr				aising Re	epresenta			eaders			nso
Designated A	Connected	_	-	filiated Corr				aising Re		ative		eaders			
Designated # Full Name	Connected	_	-	filiated Corr			nt Fundra	aising Re	epresenta	ative		eaders			
Designated # Full Name	Connected	_	-	filiated Com			nt Fundra			ative			hip PA(
Designated # Full Name Mailing A	Connected	by name, ad	-	filiated Corr			nt Fundra		epresenta	ative					
Designated # Full Name Mailing A	Connected a	by name, ad	-	filiated Com		tional)	nt Fundra			ative			hip PA(
Designated A Full Name Mailing A TITLE O	Connected a	by name, ad	dress (p	hiliated Com	ber – op	tional)							hip PA(C Spor	
Designated A Full Name Mailing A TITLE O	Connected of agent: Identify I	by name, ad	dress (p	hiliated Com	ber – op	tional)							hip PA(C Spor	
Designated A Full Name Mailing A TITLE O Banks or Ott safety deposit Name of Ban Depository, ef	Connected of agent: Identify I	by name, ad	dress (p	hiliated Com	ber – op	tional)							hip PA(C Spor	
Designated A Full Name Mailing A TITLE O Banks or Ott safety deposit Name of Ban Depository, ef	Connected of agent: Identify I	by name, ad	dress (p	hiliated Com	ber – op	tional)							hip PA(C Spor	
Designated A Full Name Mailing A TITLE O Banks or Ott safety deposit Name of Ban Depository, ef	Connected of agent: Identify I	by name, ad	dress (p	hiliated Com	ber – op	tional)							hip PA(C Spor	

1.			
I		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connec	ted Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponsor
Gillibrand Baldwir	Victory Fund		
Mailing Address	124 Washington Street		
	Suite 101		
	Foxboro	MA	02035
Relationship:			
Conn	ected Organization Affiliated Committee X Jo	pint Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Ide	entify by name, address (phone number - optional)		
Full Name	entify by name, address (phone number – optional)		
	entify by name, address (phone number - optional)		
Full Name	entify by name, address (phone number - optional)		
Full Name	entify by name, address (phone number - optional)		
Full Name			
Full Name			<pre></pre>

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5(g) or ((h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	New York Senate Vict	ory 2024		
	Mailing Address	120 Maryland Ave NE		
		Washington		20002
	Relationship:		STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
8. D	Pesignated Agent: Identify	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name			
8. D	Full Name		I I I I I I I I I I I I I I I I I I I	
9. B	Full Name		elephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION		elephone Number	
9. B Si N	Full Name		elephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.		elephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.		elephone Number	

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

1.	•	Participant:					
				F	EC ID number	С	
2.				F	EC ID number	С	
3.				F	EC ID number	С	
4.				F	EC ID number	С	
	-	rganization, Affiliated (Committee, Join	t Fundraisir	ng Representativ	e, or Leadership	PAC Sponsor
Jus	tice 2024						
Ν	Nailing Address	600 Pennsylvania Ave S	SE				
		Suite 15180					
		Washington				20003	_ , , ,
F	Relationship:			· · · · · · · · · · · · · · · · · · ·	STATE	ZIP	
	Connected	Drganization Affiliate	ed Committee	× Joint Fund	draising Represent	tative Leaders	ship PAC Sponsor
. Design	ated Agent: Identify I	by name, address (phon	e number – opti	onal)			
Ful	I Name						
	I Name						
Ma	iling Address		<pre></pre>				
Ma			<pre></pre>		1		
Ma	iling Address		<pre></pre>		STATE		
Ma Ti Banks	iling Address	es: List all banks or othe	<u> </u>		one Number		
Ma TI Banks safety	iling Address	es: List all banks or othe	<u> </u>		one Number		
Ma TI Banks safety	iling Address	es: List all banks or othe	er depositories in	n which the	one Number		
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Ma TI Banks safety o Deposi	iling Address	es: List all banks or othe	er depositories in	n which the	one Number	ts funds, holds acc	

CITY

STATE **A**

ZIP CODE

5(g) or	(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Gillibrand Baldwin Slo	otkin Victory Fund		
	Mailing Address	124 Washington St		
		Suite 101		
		Foxboro	MA I	02035
	Relationship:		STATE A	ZIP CODE A
	Connected	d Organization	Fundraising Representat	tive Leadership PAC Sponsor
-				
- 8. [Designated Agent: Identify	v by name, address (phone number – optional)		
- 8. [Designated Agent: Identify	y by name, address (phone number - optional)		
- 8. [⁷ by name, address (phone number - optional)		
- 8. I	Full Name	<pre>v by name, address (phone number - optional) </pre>		
- 8. [Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
- 8. [Full Name		└ · · · · · · · · · · · · · · · · · · ·	
- 8. [Full Name		STATE A	
_	Full Name		ephone Number	
9. 1	Full Name		ephone Number	
	Full Name Mailing Address TITLE OR POSITION		ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma		ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number	

5(g) oı	r(h). Joint Fundraisin	g Participant:			
	1.		FEC	ID number	С
	2.		FEC	ID number	С
	3.		FEC	ID number	С
	4.		FEC	ID number	С
-					
6.	-	Organization, Affiliated Committee,	Joint Fundraising F	Representative	, or Leadership PAC Sponsor
	Blue Senate 2024				
	Mailing Address	600 Pennsylvania Ave, SE			
		Suite 15180			
		Washington			20003
	Relationship:			STATE	
	Connected	Organization Affiliated Committee	e X Joint Fundrais	sing Representa	tive Leadership PAC Sponsor
-					
- 8. I		by name, address (phone number -	optional)		
- 8. I	Full Name	by name, address (phone number -	optional)		
8. 1		by name, address (phone number -	optional)		
- 8. I	Full Name	by name, address (phone number -	• optional)		
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- 8. I	Full Name		optional)		
- 8.	Full Name		optional)		L
9. 1	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main			Number	
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9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma			Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.			Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.			Number	

5(g) or	r(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
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	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative, or I	eadership PAC Sponsor
	Fab Four for Senate			
	Mailing Address	611 Pennsylvania Ave, SE		
		Suite 143		
		Washington		20003
	Relationship:		STATE A	
	Connected	d Organization	Fundraising Representative	Leadership PAC Sponsor
-				
8. I	Designated Agent: Identify	v by name, address (phone number - optional)		
8. I	Designated Agent: Identify	v by name, address (phone number - optional)		
8. I		v by name, address (phone number – optional)		
8. I	Full Name	<pre>v by name, address (phone number - optional)</pre>		
8. I	Full Name	<pre>v by name, address (phone number - optional)</pre>		
8. I	Full Name			<pre></pre>
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5(g) or (l	h). Joint Fundraising	Participant:	-	
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	3.		FEC ID number	C
	4.		FEC ID number	C
6. N	ame of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative,	or Leadership PAC Sponsor
	Upstate Victory Fund			
	Mailing Address	124 Washington St		
		Suite 101		
		Foxboro	MA	02035
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	undraising Representat	ive Leadership PAC Sponsor
8. D e	esignated Agent: Identify	by name, address (phone number - optional)		
8. D e	esignated Agent: Identify Full Name	by name, address (phone number - optional)		
8. D e		by name, address (phone number - optional)		
8. D e	Full Name	by name, address (phone number - optional)		
8. D e	Full Name	by name, address (phone number - optional)		
8. D e	Full Name			
8. D e	Full Name			
9. B i	Full Name		phone Number	
9. B a sa Na	Full Name		phone Number	
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION *		phone Number	
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or mail ame of Bank, epository, etc.		phone Number	
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or mail ame of Bank, epository, etc.		phone Number	