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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gillibrand for Senate 126 C Street NW ADDRESS (number and street) 2nd Floor (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cjgrover@vlpc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kirstengillibrand.com (Check if address is changed) DATE 2021 C00413914 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 06 2021 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 Only

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009) Page 2	2
		COMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	ne of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cand information below.)	lidate
	didate	Gillibrand, Kirsten, Elizabeth, ,	
	didate y Affiliati	tion DEM Office State State President District	NY
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	mmittee: (National, State (Democratic,	
(d)		This committee is a committee of the Republican, et	c.) Party.
Pol	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a
		Corporation Corporation w/o Capital Stock Labor Organ	ization
		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 committee. (i.e., nonconnected committee)	or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polic committees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, none of which is an authorized committee of a federal candidate.	ical
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

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Write or Type Committee N	Name	
Gillibrand for	Senate	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Gillibrand Victory F	und	
A A. J.J	124 Washington Street	
Mailing Address	Suite 101	
	Foxboro	02035
	CITY STATE	ZIP CODE
		_
Relationship: Conno	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of the person	on in possession of committee
Lowey Full Name	y, Keith, D., ,	
Mailing Address	124 Washington Street	
	Suite 101	
	Foxboro	02035
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	543 1720
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer).	d the name and address of
Full Name Lowey of Treasurer	y, Keith, D., ,	
Mailing Address	124 Washington Street	
	Suite 101	
	Foxboro MA	02035
Title or Position	CITY STATE	ZIP CODE
Treasurer		543 1720

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depository, etc.	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street, NW	
	Depository, etc. Amalgamated Bank 1825 K Street, NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street, NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street, NW	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington DC 20006	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY STATE Depository, etc. Citizens Bank	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY STATE Depository, etc. Citizens Bank 134 Nahatan St.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY STATE Depository, etc. Citizens Bank 134 Nahatan St.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY STATE Depository, etc. Citizens Bank 134 Nahatan St.	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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or(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
Senate Moms Vi	ctory Fund		
	124 Washington St		
Mailing Address			
	Suite 101		
	Foxboro	MA	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi	ify by name, address (phone number – optional)		
Designated Agent: Identi	ify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spons
Designated Agent: Identification Full Name Mailing Address	ify by name, address (phone number – optional)		
Designated Agent: Identification Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Tele ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or mailing and mail	ify by name, address (phone number – optional) CITY CITY Tele ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Tele ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many Name of Bank,	ify by name, address (phone number – optional) CITY CITY Tele ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositing Safety depositions boxes or make the property of the propert	ify by name, address (phone number – optional) CITY CITY Tele ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositing Safety depositions boxes or make the property of the propert	ify by name, address (phone number – optional) CITY CITY Tele ories: List all banks or other depositories in which the	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	.9 ·		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
dame of Any Connected Gillibrand Masto	Organization, Affiliated Committee, Joint Fun Victory Fund	draising Representativ	e, or Leadership PAC Spons
Mailing Address	124 Washington St		
	Suite 101		
	Foxboro	MA MA	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
resignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	124 Washington Street		
Mailing Address	Suite 101		
	Foxboro	, MA	02035
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	int Fundraising Represent	Leadership FAC Sp
Designated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
		Int Fundraising Represent	Leadership PAC Spr
Pesignated Agent: Identif		Int Fundraising Represent	Leadership PAC Spr
Pesignated Agent: Identif		Int Fundraising Represent	Leadership PAC Spr
Pesignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identing Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A