Only

STATEMENT OF

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FORM 1		0	RGAN	IZA	ΓΙΟ	N												
									4				Office	Use	Only			
1. NAME OF COMMITTEE (in	n full)		Check if nam changed)	е		le:If typice lines	_	ype	-	12F	'E4I	M5		_				
The People	United	PAC						1 1										
														ı				
ADDRESS (number a	nd street)	PO Box 3	3079											ı				
Check if address is changed)				1 1		1 1	1 1	1 1	ı	l l	ı	1 1	1 1	1	1 1	ı	1 1	
		Washingt	ton							DC STAT			0033		ZIP	- [_ CODI		
COMMITTEE'S E-MA	AIL ADDRES								·	<i>317</i> (1					- 11	000.	- -	
X ◀ (Check if a is changed		compliar	nce@katzcom	npliance.d	com													
		Optional	Second E-Ma	ail Addre	ss													
COMMITTEE'S WEB		•	RL) eunited.org															
is changed																		
2. DATE 12	M / D 04		y y y y 2023															
3. FEC IDENTIFIC	CATION NU	IMBER ▶		C007	76419													
4. IS THIS STATEM	MENT X	NEW	(N) O	R		AME	NDED	(A)										
certify that I have e	examined th	is Stateme	nt and to the	best of	my kno	wledge	and I	oelief	it is	true,	corr	ect a	nd co	omple	ete.			
Type or Print Name	of Treasurer	Phelan, I	Michael, , ,															
Signature of Treasure	er Phela	n, Michael,	, ,						Da	ate	M	12	′	04	/		2023	Y
NOTE: Submission of	false, errone		omplete inform										ne pe	naltie	s of	52 U.	S.C. §	30109.
Office Use					Fe	or furthe deral Ele Il Free 8	ection C	Commis		act:						RM 6/2012		

Local 202-694-1100

FEC Forn	m 1 (Revised 03/2022) Page 2								
TYPE	OF COMMITTEE:								
Cand	didate 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 candidatinformation below.)									
	ne of ndidate								
	odidate Office State								
Part	ty Affiliation Sought: House Senate President District								
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	ame of andidate								
Party	/ Committee:								
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party								
Politi	ical Action Committee (PAC):								
(e)	ical Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:								
(0)									
	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 separate segregated function 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	t 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, have fundraising expenses and disburses net proceeds for two or more political								
Co	ommittees Participating in Joint Fundraiser								
1.	C								

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V	Irite or Type Committee Name		-
	The People Unit	ed PAC	
3.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
			<u> </u>
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the per	rson in possession of committee
	Tinsmon, (Cassie, , ,	
	Full Name		
	Mailing Address	PO Box 33079	
		Washington	
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	202 - 548 - 0880
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committassistant treasurer).	tee; and the name and address of
	Full Name Phelan, Mi	chael, , ,	
	of Treasurer		
	Mailing Address	PO Box 33079	
		Washington	
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	614 - 309 - 1323

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Full Name of Designated			
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		elephone number	
	Depositories: List all banks or other depositories in which xes or maintains funds.	the committee deposits fun	ds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲