**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Welch for Vermont PO Box 909 ADDRESS (number and street) (Check if address is changed) Richmond 05477 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address meredith@welchforvermont.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://welchforvermont.com/ (Check if address is changed) DATE 2023 C00795252 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. Type or Print Name of Treasurer Drost, Julia,, Date 09 18 2023 Signature of Treasurer Drost, Julia, , , 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

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e the candidate
Name of Candidate Welch, Peter, , , Candidate	
Candidate Party Affiliation  DEM  Office Sought:  House  X Senate President	State VT District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (Democ	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	or Organization
	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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.)	
(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	d 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1	
2.	

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٧	Vrite or Type Committee Name		
	Welch for Vermo		
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or L	∟eadership PAC Sponsor
	Vermont Senate Victor	ory Fund	
	Mailing Address	600 Pennsylvania Ave SE	
		<b>#</b> 15180	
		Washington   DC	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in p	possession of committee
	Woodside,	Meredith	
	Full Name	, , , , , , , , , , , , , , , , , , ,	
	Mailing Address	PO Box 909	
		Richmond	05477
		CITY A	7ID CODE A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Records	Telephone number 802	598 6743
3.	any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	d the name and address of
	Full Name Drost, Julia of Treasurer	.,,	
		PO Box 909	
	Mailing Address		
		ıRichmond	05477
			00477
	Title or Position -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼    Treasurer	1 802	598     6743
	116030161	Telephone number	

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Full Name of Designated Agent	Sullivan, Mary, , ,		
Mailing Address	PO Box 909		
	Richmond	VT 05477	
Title ou Decition	CITY ▲	STATE ▲ ZIP CODE ▲	
Title or Position Assistant Treasi	ırer	hone number   802   - 598   - 67	743
Banks or Other safety deposit b	<b>Depositories:</b> List all banks or other depositories in which the oxes or maintains funds.	committee deposits funds, holds accounts, rent	ts
Name of Bank,	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank,	Depository, etc.		
	Northfield Savings Bank		
Mailing Address	53 Railroad St		
	Richmond	VT 05477	
	CITY ▲	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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Welch-Schiff Victory Fund  Mailing Address  600 Pennsylvania Ave., SE  #15180  Washington  CITY A STATE A ZIP C  Connected Organization Affiliated Committee X Joint Fundraising Representative Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address	(h). <b>Joint Fundrais</b>	sing Participant:		
3.	1.		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I Welch-Schiff Victory Fund  Mailing Address  600 Pennsylvania Ave., SE  #15180  Washington  CITY A  STATE A  ZIP O  Connected Organization  Affiliated Committee  Affiliated Commit	2.		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I Welch-Schiff Victory Fund  Mailing Address  600 Pennsylvania Ave., SE  #15180  Washington  DC 20003  Relationship: CITY A STATE A ZIP Connected Organization Affiliated Committee Joint Fundraising Representative Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address	3.		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership II  Welch-Schiff Victory Fund  Mailing Address  600 Pennsylvania Ave., SE  #15180  Washington  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A STATE A ZIP Of COMMITTEE AND COMMITTEE A			FEC ID number	С
Welch-Schiff Victory Fund  Mailing Address  600 Pennsylvania Ave., SE  #15180  Washington  CITY A  STATE A  ZIP C  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address	7.			
Mailing Address  #15180  Washington  Relationship:  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address	lame of Any Connecte	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
#15180  Washington  CITY A  STATE A  ZIP C  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP CO	Welch-Schiff Victor	y Fund	1 1 1 1 1 1 1	
#15180  Washington  CITY A  STATE A  ZIP C  Connected Organization  Affiliated Committee  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP CO				
#15180  Washington  CITY A  STATE A  ZIP (  Connected Organization Affiliated Committee X Joint Fundraising Representative Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP CO	Mailing Address	600 Pennsylvania Ave., SE		
Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP CO	<b>J</b>	#15180		
Connected Organization Affiliated Committee X Joint Fundraising Representative Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A STATE A ZIP CO		Washington	DC	20003
Connected Organization Affiliated Committee X Joint Fundraising Representative Leaders  Designated Agent: Identify by name, address (phone number – optional)  Full Name	Polationship:	CITY A	STATE A	ZIP CODE ▲
CITY A STATE A ZIP CO	Connec	ted Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CO	Connection Connectica Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connectica Connectica Connectica Connectica Connectica Connectica Connectica Connectica Connectica	ted Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CO	Connected Agent: Identification Full Name	ted Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CO	Connected Agent: Identify Full Name	ted Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
	Connected Agent: Identify Full Name	ted Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
	Pesignated Agent: Iden Full Name Mailing Address	ted Organization Affiliated Committee X Jointify by name, address (phone number – optional)		Leadership PAC Spo
	Pesignated Agent: Iden Full Name Mailing Address	ted Organization	STATE A	
JI DOXES OF MAINTAINS TUNGS	Agent: Iden ne Address  DR POSITIO	tify by name, address (phone number – optional)  CITY ▲  tories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
	Connectivesignated Agent: Iden Full Name Mailing Address  TITLE OR POSITIO Canks or Other Depositafety deposit boxes or in	ted Organization	STATE A  Telephone Number	ZIP CODE A
Name of Bank,   Ewins Kowalsky Swett Raymond James and Associates	Connect Connec	ted Organization	STATE A  Telephone Number	ZIP CODE A
Name of Bank,   Ewins Kowalsky Swett Raymond James and Associates	Connect Connec	Affiliated Committee	STATE A  Telephone Number	ZIP CODE A
Name of Bank, Depository, etc. Ewins Kowalsky Swett Raymond James and Associates	Connect Connec	Affiliated Committee	STATE A  Telephone Number	ZIP CODE A
Name of Bank, Depository, etc. Ewins Kowalsky Swett Raymond James and Associates	Connect Connec	Affiliated Committee	STATE A Telephone Number  h the committee deposit  Associates	ZIP CODE   s funds, holds accounts, rents