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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. Max Rose for Congress 1015 Castleton Ave ADDRESS (number and street) PO Box 359 (Check if address is changed) Staten Island 10310 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) maxroseforcongress.com (Check if address is changed) DATE 2022 C00796540 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. Elefterakis, John, , , Type or Print Name of Treasurer Elefterakis, John, , , [Electronically Filed] 08 2022 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

EC Form 1	(Revised 03/2022) Page 2
TYPE O	F COMMITTEE:
Candid	ate 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 the candidate information below.)
Name Candid	TDUSE, MAX
Candid Party A	date Office State NY Affiliation DEM Sought: House Senate President District 11
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand	e of lidate
Party C	Committee: This committee is a (National, State (Democratic, Republican, etc.) Party
Politica	
(e)	Il Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 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 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).
, П	In addition, this committee is a Lobbyist/Registrant PAC.
Joint F	undraising 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.
Comr	mittees Participating in Joint Fundraiser
1.	C

_	FEC Form 1 (Revised	02/2009)	Page 3
V	Vrite or Type Committee Name Max Rose for		
6.		Organization, Affiliated Committee, Joint Fundraising Represen	atative, or Leadership PAC Sponsor
	Mailing Address	PO Box 65322	
		Washington	OC 20035 -
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization X Joint Fundraising Rep	presentative Leadership PAC Sponso
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
	Nissen, M	elissa, , ,	
	Full Name		
	Mailing Address	600 Pennsylvania Ave SE	
		#15180	
		Washington	OC 20003
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	202 - 544 - 6960
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comassistant treasurer).	nmittee; and the name and address of
	Full Name Elefterakis	s, John, , ,	
	of Treasurer	1010 0 11 1 1	
	Mailing Address	1015 Castleton Ave	
		PO Box 359	
		Staten Island	NY 10310 - -
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	202 - 544 - 6960

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits functions or maintains funds.	ds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K St NW	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.	
	Bank of America	
Mailing Address	525 S Jackson	
	Seattle WA	98104
	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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h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Ryan Rose Victor	ry Fund		
<u> </u>			
	499 S Capitol St SW		
Mailing Address			
	Ste 407		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Eagle	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Eagle	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Stand Up for Der	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 5418		
		1 1 1 1 1 1 1	<u> </u>
	Takoma Park	MD MD	20913
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)	1 1 1 1 1 1 1 1	
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	

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

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	g Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
Rose Victory Fund	d 2022		
	600 Pennsylvania Ave SE		
Mailing Address			
	Unit 15180		
	Washington 	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
•			
	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name	CITY A Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE A