

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

Torres for Congress

ADDRESS (number and street)  (Check if address  
is changed) PO Box 580303Bronx  
CITY ▲NY  
STATE ▲10458  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

rominaenea.ccd15@gmail.com

Optional Second E-Mail Address  
torres@risingblueconsulting.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

https://www.torres.nyc/

2. DATE

M M / D D / Y Y Y Y  
01 / 30 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00699744

4. 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.

Type or Print Name of Treasurer Madras, Andrew, , ,

Signature of Treasurer Madras, Andrew, , ,

Date M M / D D / Y Y Y Y  
01 / 30 / 2026NOTE: 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**Torres for Congress****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Torres Victory Fund

Mailing Address

PO Box 15320

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Madras, Andrew, , ,

Mailing Address

PO Box 580303

Bronx

NY

10458

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202 - 635 - 0409

**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

Madras, Andrew, , ,

Mailing Address

PO Box 580303

Bronx

NY

10458

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202 - 635 - 0409

Full Name of Designated Agent	Enea-Vargas, Romina, , ,		
Mailing Address	PO Box 580303		
Bronx	NY	10458	-
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
Deputy Treasurer	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.

Amalgamated Bank			
Mailing Address	1825 K St NW		
Washington	DC	20003	-
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

Live Oak Bank			
Mailing Address	1757 Tiburon Drive		
Wilmington	NC	28403	-
	CITY ▲	STATE ▲	ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Equality Now

<input type="text"/>
<input type="text"/>

Mailing Address

PO Box 15320

<input type="text"/>
<input type="text"/>

Washington

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input type="checkbox"/> Affiliated Committee	<input checked="" type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>
--------------------------------

Mailing Address <input type="text"/>
--------------------------------------

<input type="text"/>
<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. **Wells Fargo**

420 Montgomery Street

Mailing Address <input type="text"/>
<input type="text"/>

San Francisco

CA

94104

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MAJORITY FUND

<input type="text"/>
<input type="text"/>

Mailing Address

611 PENNSYLVANIA AVE SE

SUITE 143

WASHINGTON

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address 

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 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. Mailing Address 

CITY ▲

STATE ▲

ZIP CODE ▲