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STATEMENT OF
ORGANIZATION

FEC FORM 1		STATEME ORGANIZ			PAGE 1 / 10
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	ntum F				
ADDRESS (number ar	nd street)	777 S Figueroa St			
(Check if a	ddress	Suite 4050			
is changed)	Los Angeles		CA 9	0017
		CITY ▲		STATE ▲	ZIP CODE A
COMMITTEE'S E-MA	IL ADDRES	S			
(Check if a is changed		pcdfilings@kaufmanl	legalgroup.com		
-		Optional Second E-Mail A	Address		
COMMITTEE'S WEB	ddress	RESS (URL)			
2. DATE 03	M / D 14	2023			
3. FEC IDENTIFIC	ation NU	MBER ► C	C00589309		
4. IS THIS STATEM		NEW (N) OR	× AMENDED (A)		
I certify that I have e	xamined thi	s Statement and to the be	st of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name of	of Treasurer	Hale, Tony, , ,			
Signature of Treasure	r <i>Hale, T</i>	ony, , ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 21 2019
NOTE: Submission of	alse, erroneo		on may subject the person signing t IATION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information ca Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

C Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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 t information below.)	he candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democrat Republicar	ic, n, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Organization
Membership Organization Trade Association Cooper	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
x 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 F	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 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.
(j) Committees Participating in Joint Fundraiser
1. Committees Participating in Joint Fundraiser

С

2.

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W	Irite or Type Committee Name																				
	Blue Momentu	m PAC																			
6.	Name of Any Connected O Lieu, Ted, , ,	rganization, Affiliated	Comm	ittee	, Joir	nt Fi	undr	aisir	ng R	epre	eser	ntativ	ve, c	or L	.ead	ershi	p PA	IC :	Spo	nso	r
																			<u> </u>		
	Mailing Address	777 S. Figueroa St.																			
		Suite 4050																<u> </u>			
		Los Angeles									Ľ				9001	7] –			
			CITY	′▲							STA		•			Z	IP C	OD	E 🔺	L.	
	Relationship: Connected	Organization Affilia	ted Org	aniza	ition		Joir	nt Fu	ndra	ising	Re	prese	ntati	ive	,	t Le	aders	ship	PAC) Sp	onsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kaufman, S	Stephen, J., ,
Full Name	
Mailing Address	1777 S. Figueroa St.
	Suite 4050
	Los Angeles
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Counsel	Telephone number 213 - 452 - 6565

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	Hale, Tony, , ,
of Treasurer	
Mailing Address	777 S. Figueroa St.
	Suite 4050
	Los Angeles
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 213 - 452 - 6565

FEC Form 1 (Revised 02	2/20	009)																			F	Page	e 4	1		
Full Name of Designated Agent		1												ĺ	1				ĺ							1	
Mailing Address																											
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Title or Position ▼																											
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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.

	Califorr	ia Ba	nk &	Τrι	ıst																	
Mailing Address		550 S.	Hope	St.																		
		#100																				
		Los A	ngeles													900	071			-[
						C	TY						STA	ΤE				ZIF	P C	ODE		
Name of Bank, I	Depository, e	etc.		I		1 1		 						_	 1					I	_	
Mailing Address																						
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor California Candidates Victory Fund

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Mailing Address	777 S. Figueroa	St.								1					1											
	Suite 4050																									
	Los Angeles												C	A				900)17				-			
Relationship:			CITY	∕▲								S	TAT	E						ΖI	P	COI	DE			
Connected	Organization	Affiliat	ted Co	omm	ittee	x	Jo	oint	Fun	dra	ising	R	epre	ese	enta	ative	э	Ε].	.ead	ders	ship	PA	NC S	Spor	nsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address	l																									
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TITLE OR POSITION	▼					C	ידו								S	ΓAT	E				ZIP	СС	DDE	E 🔺		
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Name of Bank, Depository, etc.											1			1									
Mailing Address																							
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5(g) or (h).	Joint	Fundraising	Participant:
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2. FEC ID number 3. FEC ID number	
3. FEC ID number	
	FEC ID number
4. FEC ID number	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Green Victory Fund

Mailing Address	PO Box 1309			
				90505
Relationship:		CITY A	STATE A	ZIP CODE
Connected	Organization Affilia	ted Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	C		STATE A	ZIP CODE
		Teleph	one Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Tie Breaker Candidate Fund

Mailing Address	600 Pennsylvania Ave. SE		
	#15180		
	Washington	DC 20003	
Relationship:	CITY 🔺	STATE A ZIP CODE A	
Connected (Organization	Joint Fundraising Representative	onsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	Te	ephone Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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5(g) or (h).	Joint	Fundraising	Participant:

1	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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

Mailing Address	PO Box 15845			
Ū				
	Washington			20003
Relationship:		CITY 🔺	STATE 🔺	ZIP CODE
Connected (Organization	ed Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	7	CITY A	STATE A	ZIP CODE
		Telephon	ne Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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5(g) or (h).	Joint	Fundraising	Participant:

1	FEC ID number
2.	FEC ID number C
3.	FEC ID number
4.	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Red to Blue Long Island

Mailing Address	122 C Street NW				
	Ste 360				
	Washington			DC 2000	D1
Relationship:		CITY A		STATE A	ZIP CODE
Connected C	Organization Affilia	ted 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 A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																															
Mailing Address	L																														
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	C
2.	FEC ID number	
3.	FEC ID number	C
4	FEC ID number	C

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

Mailing Address	777 S. Figueroa St.			
	Ste. 4050			
	Los Angeles		A 90017	
Relationship:		STAT	TE A ZIP COD	E 🔺
Connected (Organization X Affiliated Committee	Joint Fundraising Repre	esentative	PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name		
Mailing Address		
TITLE OR POSITION	STATE 🔺	ZIP CODE
	Telephone Number	

Name of Bank, Depository, etc.																															
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