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) over the lines. is changed) Gillibrand for Senate PO Box 150516 ADDRESS (number and street) (Check if address is changed) Brooklyn 11215 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address cjgrover@vlpc.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kirstengillibrand.com (Check if address is changed) DATE 30 2024 C00413914 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 Lowey, Keith, D., , Date 12 26 2024 Signature of Treasurer Lowey, Keith, D.,, 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

EC Form 1 (Revised 03/2022)	Page 2
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.)	the candidate
Name of Candidate Gillibrand, Kirsten, , ,	
Candidate Party Affiliation DEM Office Sought: House X Senate President	State NY District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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	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.	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.	or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 02	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Gillibrand for Ser		
6.		ganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	Gillibrand Victory Fun	d 	
	Mailing Address	124 Washington Street	
		Suite 101	
		Foxboro	A 02035
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Rep	resentative Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the	person in possession of committee
	Lowey, Keit	h, D., ,	
	Full Name	124 Washington Street	
	Mailing Address		
		Suite 101	
		Foxboro	A 02035
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	508 - 543 - 1720
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comsistant treasurer).	mittee; and the name and address of
	Full Name Lowey, Keit	h, D., ,	
	of Treasurer	124 Washington Street	
	Mailing Address		
		Suite 101	
		Foxboro	MA 02035
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	508 543 1720

Full Name of Designated Agent	
Mailing Address	
CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	
Telephone number	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, hol safety deposit boxes or maintains funds.	ds accounts, rents
Name of Bank, Depository, etc.	
Amalgamated Bank 1825 K Street, NW	
Mailing Address	
Washington DC 1 20006	
CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.	
Chain Bridge Bank, NA	
Mailing Address 1445-A Laughlin Ave	
McLean VA 22101	
CITY ▲ STATE ▲	ZIP CODE ▲

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

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1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spons
Financial Innovation	/ictory Committee		
Mailing Address	502 Monroe Street		
	1		
	Newport	KY I	41071
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X Join by name, address (phone number – optional)	nt Fundraising Represent	tative Leadership PAC Spo
		nt Fundraising Represent	Leadership TAC Spo
Designated Agent: Identify		nt Fundraising Represent	Leadership TAC Spo
Designated Agent: Identify Full Name		nt Fundraising Represent	Leadership TAC Spo
Designated Agent: Identify Full Name		nt Fundraising Represent	
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY		

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ama of Amy Compostor	l Organization, Affiliated Committee, Joint Fund	Indiaina Danyaaantatiya	ou Loodowskin DAC Snon
New York Majority F		iraising nepresentative	e, or Leadership PAC Spons
Mailing Address	124 Washington St.		
	Suite 101		
	Foxboro	MA	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A	STATE STATE	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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

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3. 4. Name of Any Connected Organiza New York Senate Victory 202 Mailing Address Wash Relationship:	daryland Ave NE	FEC I	D number D number presentative	C	nip PAC Spons
Name of Any Connected Organiza New York Senate Victory 202 Mailing Address Wash Relationship:	daryland Ave NE	FEC I	presentative	С	nip PAC Spons
Name of Any Connected Organiza New York Senate Victory 202 Mailing Address Wash Relationship:	daryland Ave NE		presentative		nip PAC Spons
New York Senate Victory 202 Mailing Address Wash Relationship:	daryland Ave NE	Fundraising Re		e, or Leadersh	nip PAC Spons
New York Senate Victory 202 Mailing Address Wash Relationship:	daryland Ave NE	Fundraising Re		e, or Leadersh	nip PAC Spons
Mailing Address Mailing Address Wash Relationship:	laryland Ave NE				
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Relationship:	1	<u> </u>			
Relationship:	1	, , , , , ,			
	CITY A		DC	20002	- -
Connected Organiza			STATE ▲	Z	IP CODE ▲
Pesignated Agent: Identify by name	e, address (phone number – optior	al)			
Mailing Address					
TITLE OR POSITION ▼	CITY ▲		STATE ▲	ZIP	CODE A
		Telephone N	Number		

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

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1.						
				FEC II	O number	C
2. 🔟				FEC II	O number	С
3				FEC II	O number	C
4				FEC II	O number	C
Name of A	Any Connected C	organization, Affilia	ated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spo
Justice	2024					
Mailir	ng Address	600 Pennsylvania	Ave SE			
		Suite 15180				
		Washington			DC	20003
Relat	ionship:		CITY A		STATE A	ZIP CODE A
esignated		_	Affiliated Committee	S Joint Fundraisin	g Representa	ative Leadership PAC
esignated	d Agent: Identify				g Representa	Leadership PAC
Full Na	d Agent: Identify				g Representa	Leadership PAC
Full Na	d Agent: Identify				g Representa	Leadership PAC
Full Na	d Agent: Identify				g Representa	Leadership PAC
Full Na	d Agent: Identify	by name, address (g Representa	Leadership PAC

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Blue Senate 2024			
Mailing Address	600 Pennsylvania Ave, SE		
	Suite 15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
ocianated Agents Identif	iv by name, address (phone numberontional	<u> </u>	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional))	Leadership PAC Sp
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite dafety deposit boxes or mane of Bank,	CITY A City A pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite dafety deposit boxes or mane of Bank,	CITY A City A pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A City A pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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lame of	Any Connected	Organization, Af	filiated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC	Spons
Gillibr	and Avalon Vict	ory Fund					
Mai	iling Address	124 Washingto	on St				
		Suite 101					
		Foxboro			MA	02035	
	La Characteria		CITY A		STATE A	ZIP COL	DE 🛦
		Organization by name, address	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership	PAC Sp
	Connected ed Agent: Identify				g Representa	ative Leadership	PAC Sp
esignat Full N	Connected ed Agent: Identify				g Representa	ative Leadership	PAC Sp
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