Only

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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. Forward Majority Action 600 Pennsylvania Ave SE ADDRESS (number and street) #15180 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS reporting@capcompliance.com (Check if address X is changed) Optional Second E-Mail Address compliance@forwardmajority.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://forwardmajority.org/ (Check if address is changed) DATE 2021 C00631549 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. Hausman, Vicky, , , Type or Print Name of Treasurer Hausman, Vicky, , , [Electronically Filed] 01 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	1 4go <b>2</b>
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint	Fund	raising Representative:	
(g)		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.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Forward Majority	/ Action	
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Polationship:	Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Represent	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	fy by name, address (phone number optional) and position of the p	person in possession of committee
Myles, Josh Full Name	ua, , ,	
	600 Pennsylvania Ave SE	
Mailing Address	#15180	
	Washington DC _	,20003
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	202 544 6960
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee sistant treasurer).	e; and the name and address of
Full Name Hausman, \	icky, , ,	
of Treasurer	155 W. 23rd St	
Mailing Address		
	6th FI	
	New York NY	10011
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202   544   6960

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FEC <b>FOR</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
		!-!
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, h	iolas accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Amalgamated Bank ,275 7th Avenue	
safety deposit be	oxes or maintains funds.  Depository, etc.  Amalgamated Bank ,275 7th Avenue	iolas accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Amalgamated Bank ,275 7th Avenue	
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank  275 7th Avenue	
safety deposit be Name of Bank,	Depository, etc.  Amalgamated Bank  275 7th Avenue  New York  New York  CITY  STATE	01
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  275 7th Avenue  New York  New York  CITY  STATE	D1
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  275 7th Avenue  New York  CITY  STATE  Depository, etc.	D1
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  275 7th Avenue  New York  CITY  STATE  Depository, etc.	D1
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amalgamated Bank  275 7th Avenue  New York  CITY  STATE  Depository, etc.	D1