

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

Dave Min for Congress

ADDRESS (number and street)

 (Check if address  
is changed)

PO Box 5959

Irvine

CITY ▲

CA

92616

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

min@acuitypolitics.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

www.davemin.com

2. DATE

02 / 09 / 2025

3. FEC IDENTIFICATION NUMBER ►

C 00831537

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 Olsen, Josie, , ,

Signature of Treasurer Olsen, Josie, , ,

Date

01 / 22 / 2026

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 5. 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 the candidate information below.)

Name of Candidate

Min, Dave, , ,

Candidate Party Affiliation

DEM

Office Sought:

 House Senate President

State

CA

District

47

(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  (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

(e)  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).

 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.

Committees Participating in Joint Fundraiser

1.  \_\_\_\_\_

2.  \_\_\_\_\_

C  \_\_\_\_\_  
 C  \_\_\_\_\_

Write or Type Committee Name

**Dave Min for Congress****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****DAVE MIN VICTORY FUND**

Mailing Address

1030 15th St NW #404

Washington

DC

20005

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

Olsen, Josie, , ,

Mailing Address

1030 15th St NW #404

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202 - 240 - 7451

**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

Olsen, Josie, , ,

Mailing Address

1030 15th St NW #404

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202 - 240 - 7451

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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

20006

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number

C

FEC ID number

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FEC ID number

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FEC ID number

C

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

DEMOCRACY SUMMER 2026

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

600 PENNSYLVANIA AVE SE #15180

\_\_\_\_\_  
\_\_\_\_\_

WASHINGTON

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **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 \_\_\_\_\_

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\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. \_\_\_\_\_

2. \_\_\_\_\_

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FEC ID number

C

FEC ID number

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FEC ID number

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FEC ID number

C

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

BLUE WAVE CALIFORNIA VICTORY FUND

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

611 PENNSYLVANIA AVENUE 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

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone Number

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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.\_\_\_\_\_  
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Mailing Address

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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 |

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

CALIFORNIA HOUSE MAJORITY FUND

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

Mailing Address

|               |                         |                            |
|---------------|-------------------------|----------------------------|
| 1 M STREET SE | <input type="text"/>    |                            |
| SUITE 275     | <input type="text"/>    |                            |
| WASHINGTON    | DC <input type="text"/> | 20003 <input type="text"/> |

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 

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

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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| <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. Mailing Address 

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

CITY ▲

STATE ▲

ZIP CODE ▲

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

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4. \_\_\_\_\_

FEC ID number

C

FEC ID number

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FEC ID number

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FEC ID number

C

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

JEFFRIES BATTLEGROUND PROTECTION FUND

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

430 SOUTH CAPITOL STREET SE

2ND FLOOR

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 \_\_\_\_\_

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Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. \_\_\_\_\_

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4. \_\_\_\_\_

FEC ID number

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

WHITESIDES, TRAN, MIN JFA

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

1030 15TH ST NW

#404

WASHINGTON

DC

20005

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 ▲

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

1.  2.  3.  4.

FEC ID number  
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C  
C

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

SEEC VICTORY FUND

Mailing Address

ONE PARK ROW, 5TH FLOOR

PROVIDENCE

RI

02903

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 ▲

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

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

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

CLARK FRONTLINE VICTORY FUND

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

Mailing Address

600 PENNSYLVANIA AVE SE #15180

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

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

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

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

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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| <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.

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| Name of Bank,<br>Depository, etc. <input type="text"/> |
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| Mailing Address <input type="text"/> |
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CITY ▲

STATE ▲

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