06/27/2024 14 : 14

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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Office U	PAGE 1 / 8
1. NAME OF COMMITTEE (in full) (Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Schiff for Sena	te			
ADDRESS (number and s	treet)			
(Check if addr is changed)	ess#143			
	Washington └──└──└──└── CITY ▲		DC 20003 STATE ▲	
COMMITTEE'S E-MAIL	ADDRESS			
(Check if addr is changed)	ess schiff@mbacg.com			
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PA				
2. DATE 06	/ D D / Y Y Y Y 27 2024			
3. FEC IDENTIFICATI	ON NUMBER ► C CO	0343871		
4. IS THIS STATEMEN	T NEW (N) OR	X AMENDED (A)		
I certify that I have exan	nined this Statement and to the best of	of my knowledge and belief it i	s true, correct and com	plete.
Type or Print Name of Ti	easurer Begun, Jeremy, , ,			
Signature of Treasurer	Begun, Jeremy, , ,		Date 06 2	7 / Y Y Y Y 2024
NOTE: Submission of false	e, erroneous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		ties of 52 U.S.C. §30109
Office Use Only		For further information courses Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	, רבי	C FORM 1 vised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2								
5.	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 the information below.)	candidate								
	Name of Schiff, Adam, , , Candidate									
	Candidate DEM Office Sought: House X Senate President	State CA 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 Party Committee of the	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	ganization								
	Membership Organization Trade Association Cooperation	ve								
	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 committee. (i.e., nonconnected committee)	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.	
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(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.

Relationship:

Connected Organization

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	FEC Form 1 (Revised 0	2/2009)																					Pa	ge	3		
۷	Vrite or Type Committee Name																										
	Schiff for Senate	•																									
6.	Name of Any Connected O	rganization, Affiliated	Com	mitte	e, J	Join	nt F	une	drai	sin	g F	Rep	ores	sen	tat	ive	, o	r L	ead	der	shi	рF	'nC	Sp	on	soi	r
	Schiff Victory Fund																										
	Mailing Address	611 Pennsylvania Ave	SE																								
		Ste 143																									
		Washington																Ľ	200	03				- [
			CIT	Y 🔺									ę	STA	ΤE						Z	IP	со	DE			

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

X Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Begun, Jer	remy, , ,	
Full Name		
Mailing Address	611 Pennsylvania Ave SE	
	Ste 143	
	Washington DC 20003	
	CITY A STATE A ZIF	P CODE ▲
Title or Position ▼		
Treasurer	Telephone number	

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	Begun, Jeremy, , ,						
Mailing Address	611 Pennsylvania Ave SE						
	Ste 143						
	Washington DC 20003						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer Telephone number							

FEC Form 1 (Revised 02/2009)	FEC Form	1 (Revised	02/2009)
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Full Name of Designated Agent	Thompson, Co	olby, , ,							1 1					'			
Mailing Address	G	611 Pennsylvania Ave SE												<u> </u>			
	L ^e	Ste 143															
	V	Vashington									20	003			-[
		C						S	STATE	E 🔺			ZII	PC	ODE		
Title or Position	7																
Assistant Treasur	er				Tele	phon	e ni	umb	er			- [_			-[

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.

	Fidelity Brokerage Services LLC		
Mailing Address	100 Crosby Pkwy		
		4'	1015
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, [Depository, etc. Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington		0006
	CITY 🔺	STATE 🔺	ZIP CODE

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5(g) or (h).	Joint Fundraising	Participant:				
1.				FEC I	D number	C
2.				FEC I	D number	С
3.				FEC I	D number	С
4.				FEC I	D number	С
6. Name	of Any Connected O	rganization, Affiliat	ed Committee, Joint Fi	undraising Re	presentative	e, or Leadership PAC Sponsor
Sch	hiff Goldman Victory	Fund				
r	Mailing Address	PO Box 65322				
		Washington			DC	20035
F	Relationship:		CITY 🔺		STATE	ZIP CODE
	nated Agent: Identify	by name, address (p	hone number – optiona	I)		
Fu		by name, address (p	hone number – optiona))	<u> </u>	
Fu	II Name	by name, address (p	hone number - optiona	I)		
Fu	II Name	by name, address (p	hone number – optiona			
Fu	II Name		ohone number – optiona			
Fu	II Name			I)		· · · · · · · · · · · · · · · · · · ·
Fu Ma 9. Banks safety Name	II Name				Number	I I

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5(g) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	С
6. Name	e of Any Connected C	rganization, Affiliated	l Committee, Joint	Fundraising R	epresentative	e, or Leadership PAC Sponsor
	chiff Vindman Victory				•	· · · · ·
	Mailing Address	One Park Row, 5th Fl	oor			
		Providence			RI	02903
	Relationship:		CITY A		STATE A	ZIP CODE A
	gnated Agent: Identify	by name, address (ph	one number – optior	nal)		
F	ull Name	by name, address (ph	one number – optior	nal)		
F		by name, address (ph	one number – optior	nal)		
F	ull Name	by name, address (ph	Dine number – option	nal)		
Fi	ull Name		one number – optior	nal)		
Fi	ull Name			nal)		<pre></pre>
9. Bank safety Name	ull Name		<pre></pre>		Number	

5(g) or (h). Joint Fundraising	Participant:			
	1.			FEC ID number	С
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	С
6. Na	me of Any Connected	Organization, Affiliated	Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
l.	Schiff(t) the Senate				
L					
L					
	Mailing Address	611 Pennsylvania Ave	SE		
		Suite 143			
		Washington			
	Relationship:			STATE A	
	Connected	Organization Affilia	ted Committee	int Fundraising Representa	tive Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (pho	ne number – optional)		
8. De :	signated Agent: Identify	by name, address (pho	ne number – optional)		
8. De		by name, address (pho	ne number – optional)		
8. De	Full Name	by name, address (pho	ne number – optional)		
8. De	Full Name	by name, address (pho	ne number – optional)		
8. De	Full Name		ne number – optional)		<pre></pre>
8. De	Full Name				
8. De	Full Name			L I I I I I I I I I I I I I I I I I I I	ZIP CODE
9. Ba	Full Name Mailing Address TITLE OR POSITION		· · · · · · · · · · · · · · · · · · ·	Telephone Number	
9. Ba	Full Name		· · · · · · · · · · · · · · · · · · ·	Telephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION		· · · · · · · · · · · · · · · · · · ·	Telephone Number	
9. Ba saf	Full Name		· · · · · · · · · · · · · · · · · · ·	Telephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor fety deposit boxes or mail me of Bank, pository, etc		· · · · · · · · · · · · · · · · · · ·	Telephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor fety deposit boxes or mail me of Bank, pository, etc		· · · · · · · · · · · · · · · · · · ·	Telephone Number	

		Participant:							
1.				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of An	y Connected C	Organization, Affili	iated Committee, Joint	t Fundraising F	Representativ	e, or Le	adership	PAC Sp	onso
Slotkin S	chiff Alsobroo	ks Victory Fund							
		122 C Street NW							
Mailing	Address	Suite 360							
		Washington					0001		
			CITY 🔺		STATE 🔺		ZIP	CODE	
Relatio	Connected			X Joint Fundrais	sing Represent	ative	Leade	rship PAC	C Spor
	Connected Agent: Identify		Affiliated Committee	_	sing Represent		Leade		Spon
Designated /	Connected Agent: Identify e		Affiliated Committee	_	sing Represent		Leade		Spon
Designated A	Connected Agent: Identify e		Affiliated Committee	_	sing Represent				2 Spon
Designated A	Connected Agent: Identify e		Affiliated Committee	_	sing Represent		Leader		> Spon
Designated A Full Nam Mailing A	Connected Agent: Identify te	by name, address	Affiliated Committee	_	sing Represent				Spon
Designated A Full Nam Mailing A	Connected Agent: Identify e	by name, address	Affiliated Committee	_				rship PAC	> Spon