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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		ORGAN									Office	Use Or	ıly		
1. NAME OF COMMITTEE (ir	n full)	(Check if na is changed)	me	Example: over the		g, type		12F	FE4N	15					
Adam Gray	for Con	gress					<u> </u>								
ADDRESS (number a	nd street)	400 Capitol Mall, Suite	e 2400												
(Check if a is changed										I	1 1	1 1	1 1		
is changed	,	Sacramento			1 1	1 1		CA		9	5814	1 1	_	1 1	
		CITY A		· · _ · _ · _ · _ · _ ·				STAT	E▲			ZI	P COI	DE 🔺	
COMMITTEE'S E-MA	AIL ADDRES	S													
(Check if a is changed		SacramentoGovCor	mpliance@	gtlaw.com											T I
	<i></i>	Optional Second E-N	Mail Addres	SS											
(Check if a is changed		www.adamgrayforcon													
2. DATE		2024													
3. FEC IDENTIFIC	CATION NU	MBER ►	C C008	01431											
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMEND)ED (A)								
I certify that I have e	examined this	s Statement and to th	ne best of	my knowl	edge ar	nd belie	ef it is	true,	corre	ect ar	id coi	mplete			
Type or Print Name	of Treasurer	Olson, Meagan, , ,													
Signature of Treasure	er Olson,	Meagan, , ,					Γ	Date	М	03	/	21	/ Y	y 2024	ÝÝ
NOTE: Submission of	false, erroned	ous, or incomplete infor ANY CHANGE IN INF				-	-				e pen	alties	of 52 l	J.S.C.	§30109
Office Use Only				Fede Toll F	urther in ral Electio Free 800-4 I 202-694	on Comr 124-9530	nission						ORN 06/20		

Page 2 FEC Form 1 (Revised 03/2022) TYPE OF COMMITTEE: 5. Candidate Committee: (a) Х This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Gray, Adam C., , , Candidate State CA Candidate Office DEM House Senate President Party Affiliation Sought: District 13 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.
 (j) Committees Participating in Joint Fundraiser
 1. California Candidates Victory Fund

2. Blue to the Future 2024

C C00680777 C C00872556 Г

	FEC Form 1 (Revised 02/2009)	Pag	e 3	
۷	Vrite or Type Committee Name			
	Adam Gray for Congress			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC	Spon	sor
	Blue to the Future 2024			

Mailing Address	430 S. Capitol Street SE, 2nd Fl		
	Washington		20003
	CITY 🔺	STATE 🔺	ZIP CODE
Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Representation	ve 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.

Olson, Reb	есса J., , ,
Full Name	
Mailing Address	400 Capitol Mall, Suite 2400
	Sacramento CA 95814
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 916 868 0621

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	Olson, Meagan, , ,
Mailing Address	500 Capitol Mall, Suite 2350
	Sacramento CA 95814
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 916 426 3073

FEC Form 1	(Revised 0	2/2	2009	9)																				F	Pag	е 4	۱		
Full Name of Designated Agent	None, , , ,																												
Mailing Address																													
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		L																											
							CI	TΥ									:	ST/	ΛTE				ZI	РC		ЭЕ			
Title or Position	7																												
													Tele	eph	one	e ni	umt	ber				. [_				L		<u> </u>	

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.

l	First Foundation Bank		
Mailing Address	18101 Von Karman Ave Ste 750		
			2
		STATE A	ZIP CODE
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY 🔺	STATE	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

5(g) or (h).	Joint Fundraising	Participant:										
1.	California House Majority	Fund				FEC ID r	number	C	0084630)3		
2.	House Victory Project	2024				FEC ID r	umber	C c	0087340	6		
3.						FEC ID r	umber	С				
4.						FEC ID r	number	С				
6. Name	of Any Connected C	Drganization, A	filiated Com	ımittee, Joir	nt Fundrai	sing Repre	sentative	, or Le	eadersh	ip PAC	Spor	nsor
Cal	lifornia Candidates	Victory Fund										
1	Mailing Address	777 South Fig	gueroa St., Ste	4050								
										1 1	1 1	
		Los Angeles						9	0017			
	Delationahia											
1	Relationship:		CH	Y 🔺		S				P COL		
	Relationship:	Organization	CII	Y ▲	X Joint F	undraising F	STATE ▲	tive		dership		ponsor
		-	Affiliated C	ommittee				live				ponsor
8. Desigr	Connected	-	Affiliated C	ommittee				tive				ponsor
8. Desigr Fu	Connected	-	Affiliated C	ommittee				tive				ponsor
8. Desigr Fu	Connected	-	Affiliated C	ommittee								ponsor
8. Desigr Fu	Connected	-	Affiliated C	ommittee								ponsor
8. Desigr Fu Ma	Connected	by name, addr	Affiliated C	ommittee umber – opt		undraising F			Lead		PAC S	ponsor
8. Desigr Fu Ma	Connected	by name, addr	Affiliated C	ommittee umber – opt	ional)	undraising F	Representat		Lead	dership	PAC S	ponsor

Name of Bank, Depository, etc.		1																				
Mailing Address																						
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FEC Form 1S (Revised 02/2017)

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

1.		F	EC ID number	С		
2.		F	EC ID number	С		
3.		F	EC ID number	С		
4.		F	EC ID number	С		
Name of Any Connecte	d Organization, Affiliated Committee,	Joint Fundraisin	g Representativ	e, or Lead	ership PA	C Spons
California House Ma	ajority Fund					
	400 S. Conital Streat SM					
Mailing Address	499 S. Capitol Street SW					
	U Washington		DC	2000	3	-
	ed Organization CITY ▲ ed Organization Affiliated Committe		STATE ▲	ative	ZIP CC	
Connec	CITY ▲ ed Organization			ative		
Connect Designated Agent: Ident	CITY ▲ ed Organization			ative		
Connect Designated Agent: Ident Full Name	CITY ▲ ed Organization			ative		
Connect Designated Agent: Ident Full Name	CITY ▲ ed Organization			ative		
Connect	CITY ▲			ative		p PAC Sp
Connect Designated Agent: Ident Full Name	CITY ▲	- optional)	Iraising Represent	ative	Leadershi	p PAC Sp

FEC Form 1S (Revised 02/2017)

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

(g) or (h).	Joint Fundraising	Participant:				
1.				FEC ID	number	C
2.				FEC ID	number	С
3.				FEC ID	number	C
4.				FEC ID	number	С
	use Victory Project		mmittee, Joint Fundra	aising Rep	resentative	e, or Leadership PAC Sponsor
1	Mailing Address	600 Pennsylvania Avenue	SE, #15180			
		Washington		1		
F	Relationship:	CI	TY 🔺		STATE A	ZIP CODE A
	Connected	Organization Affiliated	Committee X Joint	Fundraising	Representa	tive Leadership PAC Sponsor
Desigr	nated Agent: Identify	by name, address (phone	number – optional)			
	nated Agent: Identify	by name, address (phone	number – optional)			
Fu		by name, address (phone	number – optional)			
Fu	II Name	by name, address (phone	number – optional)			
Fu	II Name	by name, address (phone	number – optional)			
Fu	II Name					
Fu	II Name		Y			
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Fu Ma Ti Banks safety Name	II Name			lephone Nu	ımber	
Fu Ma TI Banks safety Name Deposi	II Name			lephone Nu	ımber	
Fu Ma TI Banks safety Name Deposi	II Name			lephone Nu	ımber	
Fu Ma TI Banks safety Name Deposi	II Name			lephone Nu	ımber	

Optional Supplemental Information of ¹¹ for Lines 5(g) or (h), 6, 8 and/or 9 FEC Form 1S (Revised 02/2017) Page ____ 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee X Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 1 1 Telephone Number 1 1

Name of Bank, Depository, etc.																										
Mailing Address	L																									
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Optional Supplemental Information of ¹¹ for Lines 5(g) or (h), 6, 8 and/or 9 FEC Form 1S (Revised 02/2017) Page ____ 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee X Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 1 1 Telephone Number 1 1

Name of Bank, Depository, etc.																										
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Optional Supplemental Information of ¹¹ for Lines 5(g) or (h), 6, 8 and/or 9 FEC Form 1S (Revised 02/2017) Page ____ 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee X Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 1 1 Telephone Number 1 1

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Optional Supplemental Information of ¹¹ for Lines 5(g) or (h), 6, 8 and/or 9 FEC Form 1S (Revised 02/2017) Page ____ 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee X Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 1 I Telephone Number 1 1

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