Image#	2024081	6966637	1263

Image# 202408169666371263 FEC FORM 1	STATEMEN ORGANIZA			08/16/2024 12 : 54 PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Ilhan for Congress				 
	PO Box 33079			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>	Uashington Washington CITY ▲		DC 20 STATE ▲	0033 
COMMITTEE'S E-MAIL ADDRES	S			
<ul><li>(Check if address is changed)</li></ul>	Compliance@katzcompliance Optional Second E-Mail Addre			
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	PRESS (URL)			
2. DATE 08 / 16	2024			
3. FEC IDENTIFICATION NU	MBER ► C COO	680934		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined thi	s Statement and to the best o	f my knowledge and belief it i	is true, correct ar	nd complete.
Type or Print Name of Treasurer	Wittenstein, Kate, , ,			
Signature of Treasurer Witten	stein, Kate, , ,		Date 08	/ D D / Y Y Y Y 16 2024
NOTE: Submission of false, erroned	ous, or incomplete information m ANY CHANGE IN INFORMATIO			e penalties of 52 U.S.C. §30109.

Office Use Only	-		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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FEC Form 1 (Revised 03/2022)	Page 2
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 information below.)	the candidate
Name of Omar, Ilhan, , , Candidate	
Candidate Office Sought: X House Senate President	State MN District 05
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:       (National, State or subordinate) committee of the       (Democra Republica)	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:
Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation 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 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.

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Write or Type Committee Name	
Ilhan for Congress	

6.	Name of Any Connected Or	ganization, Affilia	ted	Com	nmit	tee,	Joi	nt F	un	drai	sin	g F	lepi	res	enta	ative	e, o	r Lo	eade	ership	) PA	CS	Spo	nsc	or	
	The Empowerment Fu																									
	Mailing Address	PO BOX 1863																								
		Indianapolis													IN			4	620	6		- [				
				Cľ	TY 🖌									S	TAT	E 🔺				ZI	P CO	DC	E 🔺	•		
	Relationship: Connected (	Drganization	Affilia	ted C	Orgar	nizati	on	×	< J	oint	Fur	ndra	isin	g F	Repr	eser	ntativ	/e	Ľ	Lea	ders	hip	PA	c s	pon	sor

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

Wittenstei	in, Kate, , ,			
Full Name				
Mailing Address	PO Box 33079			
	Washington		DC 20033	
	CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nu	mber 202 -	548 - 0880

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	Wittenstein, Kate, , ,
Mailing Address	PO Box 33079
	Washington         DC         20033
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number     202     548     0880

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A Z	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.

	amated Bank		
Mailing Address	1825 K St NW		
	Washington		
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository,			
	ank		
Mailing Address	101 W Washington St		
	Indianapolis	IN 46204	
	CITY 🔺	STATE A	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	n). Joint Fundraising	g Participant:			
	1.		FEC ID nu	mber C	
	2.		FEC ID nu	mber C	
	3.		FEC ID nu	mber C	
	4.		FEC ID nu	mber C	
6. <b>Na</b>	ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represe	entative, or Lead	ership PAC Sponsor
	The Squad Victory Fu	-	5	,	
L					
L					
	Mailing Address	611 Pennsylvania Ave SE			
		Num 143			
		Washington			3
	Relationship:	CITY A	ST		
	Connected	Organization	Joint Fundraising Rep	oresentative	Leadership PAC Sponsor
8. <b>De</b>	esignated Agent: Identify	by name, address (phone number - option	al)		
8. <b>De</b>	<b>esignated Agent:</b> Identify	by name, address (phone number – option	al)		
8. <b>De</b>		by name, address (phone number - option	al)		
8. <b>De</b>	Full Name	by name, address (phone number - option	al)		
8. De	Full Name	by name, address (phone number - option	al)		
8. De	Full Name		al) 		
8. De	Full Name				
8. De	Full Name				
9. <b>Ba</b>	Full Name		STAT	er	
9. <b>Ba</b> saf Na	Full Name		STAT	er	
9. <b>Ba</b> saf Na	Full Name		STAT	er	
9. <b>Ba</b> saf Na	Full Name		STAT	er	
9. <b>Ba</b> saf Na	Full Name		STAT	er	