| Image# 202104129443200278 | | | | PAGE 1 / 4 |
|----------------------------------|---|---|------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | |
| 1. NAME OF | (Check if nome | | | Office Use Only |
| COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Ossoff Victory F | | | | |
| | | | | |
| | 611 Pennsylvania Ave SE | | | |
| ADDRESS (number and street) | #143 | | | |
| is changed) | Weshington | | | 20002 |
| | Washington └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ | | J LC L STATE ▲ | 20003 |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| (Check if address is changed) | jfa@mbacg.com | | | |
| | Optional Second E-Mail Ad ossoff@mbacg.com | dress | | |
| COMMITTEE'S WEB PAGE AI | URESS (URL) | | | |
| | 2 / Y Y Y Y 2021 | | | |
| 3. FEC IDENTIFICATION N | | 00750919 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belie | f it is true correct a | and complete |
| | | , | | ··· • |
| ype or Print Name of Treasur | er Mele, Steven, , , | | | |
| Signature of Treasurer | e, Steven, , , | [Electronically Filed] | Date 04 | / D D / Y Y Y Y Y 12 2021 |
| NOTE: Submission of false, error | neous, or incomplete information ANY CHANGE IN INFORMATI | | - | he penalties of 2 U.S.C. §437g |
| Office Use Only | | For further informatio Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100 | ission | FEC FORM 1 (Revised 06/2012) |

04/12/2021 11 : 48

| | PE OF C | rm 1 (Revised 02/2009) COMMITTEE Committee: This committee is a principal campaign committee. (Complete the candidate information below.) | Page 2 |
|------------------|--------------------------|--|--------------------------------------|
| Ca (a) | | e 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. (Compleinformation below.) | te the candidate |
| | me of ndidate | | |
| | ndidate rty Affiliati | ion Office Sought: House Senate President | State |
| (0) | | This committee supports/opposes only one condidets, and is NOT on sutherized committee | District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | me of ndidate | | |
| Pa | rty Con | nmittee: | |
| (d) | | | emocratic, publican, etc.) Party. |
| Po | litical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | cted organization is a: |
| | | Corporation Corporation w/o Capital Stock | abor 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 segre committee. (i.e., nonconnected committee) | gated 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.) | |
| Joi | nt Func | draising 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. | 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. | r more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | Health Jobs Justice | 109 |
| | 2. | Jon Ossoff for Senate | 866 |
| | 3. | Georgia Federal Elections Committee FEC ID number C C00041 | 269 |
| | 4. | FEC ID number | |

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Ossoff Victory Fund

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

| Mailing Address | | | | |
|-------------------------|---------------------------|----------------------------|----------------|-----------------------|
| | | | | |
| | | | | |
| | CITY | Y | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated C | ommittee Joint Fundraising | Representative | eadership 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.

| Mele, Stev | 'en, , , |
|-------------------|-----------------------------|
| Full Name | |
| Mailing Address | 611 Pennsylvania Ave SE |
| | #143 |
| | Washington DC 20003 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | 0221 0221 |

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 | Mele, Steven, , , |
|--------------------------------|---|
| Mailing Address | 611 Pennsylvania Ave SE |
| | #143 |
| | Washington DC 20003 - |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 202 552 0221 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Fleming, Ryai | n, , , | | | | | | | | | | | | | | |
|-------------------------------------|----------------|-------------------|-------|--|-----|------|-------|------|------|---|------|------|-----|------|------|--|
| Mailing Address | G | 11 Pennsylvania A | ve SE | | | | | | | | | | | | | |
| | L [#] | ±143 | | | | | | | | | | | | | | |
| | Ľ | Washington | | | | | | | | ; | 20 | 0003 | | - | - [_ | |
| | | | CITY | | | | | | STAT | E | | | ZIF | o co | DE | |
| Title or Position | urer | | | | Tel | ephc | one i | numl | oer | L | | - _ | | | - [| |

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.

| A | Malgamated Bank | | |
|-------------------|------------------|-------|----------|
| Mailing Address | 1825 K Street NW | | |
| | | | |
| | Washington | | 20006 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Dep | ository, etc. | | |
| L | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |