

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

44 Fund

ADDRESS (number and street) PO Box 6586
 (Check if address is changed)
Arlington VA 22206
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) taryn@blue-bird.net
Optional Second E-Mail Address
brian@forde.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 09 / 12 / 2018

3. FEC IDENTIFICATION NUMBER ▶ C C00687962

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 Aniskoff, Paulette, , ,

Signature of Treasurer Aniskoff, Paulette, , , [Electronically Filed] Date 09 / 22 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 _____

Candidate Party Affiliation Office Sought: House Senate President State 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 (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. LAUREN UNDERWOOD FOR CONGRESS FEC ID number C C00652719
2. ANDY KIM FOR CONGRESS FEC ID number C C00648220
3. TOM MALINOWSKI FOR CONGRESS FEC ID number C C00656686
4. COLIN ALLRED FOR CONGRESS FEC ID number C C00637868

Write or Type Committee Name

44 Fund

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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 Vogel, Taryn, , ,

Mailing Address PO Box 6586

Arlington VA 22206

Title or Position CITY STATE ZIP CODE

Custodian of Records 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 Aniskoff, Paulette, , ,

Mailing Address PO Box 6586

Arlington VA 22206

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

Forde, Brian, , ,

Mailing Address

PO Box 6586

Arlington

VA

22206

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

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

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. ELISSA SLOTKIN FOR CONGRESS
- 2. FRIENDS OF DAN FEEHAN
- 3. LAUREN BAER FOR CONGRESS
- 4. HALEY STEVENS FOR CONGRESS

FEC ID number	C00650150
FEC ID number	C00649327
FEC ID number	C00652594
FEC ID number	C00638650

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

Name of organization field

Mailing Address

Mailing address fields

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

Full name field

Mailing Address

Mailing address fields

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Title or position field

Telephone Number

Telephone number field

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.

Name of bank field

Mailing Address

Mailing address fields

CITY ▲

STATE ▲

ZIP CODE ▲

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

5(g) or (h).

Joint Fundraising Participant:

- 1. AMMAR CAMPA FOR CONGRESS
- 2. JILL SCHILLER FOR CONGRESS
- 3. ADRIENNE BELL 2018
- 4. TALLEY SERGENT FOR WEST VIRGINIA

FEC ID number	C00635888
FEC ID number	C00666743
FEC ID number	C00639872
FEC ID number	C00650176

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

[Empty text field for organization name]

Mailing Address

[Empty text fields for mailing address, city, state, and zip code]

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

[Empty text field for full name]

Mailing Address

[Empty text fields for mailing address, city, state, and zip code]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[Empty text fields for title/position and 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,

[Empty text field for name of bank]

Depository, etc.

Mailing Address

[Empty text fields for mailing address, city, state, and zip code]

CITY ▲

STATE ▲

ZIP CODE ▲

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

5(g) or (h).

Joint Fundraising Participant:

- 1. DEB HAALAND FOR CONGRESS
- 2. RASHIDA TLAIB FOR CONGRESS
- 3.
- 4.

FEC ID number	C	C00639054
FEC ID number	C	C00668608
FEC ID number	C	
FEC ID number	C	

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

Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name _____
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. _____
Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲