Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1																			
													Of	fice L	Jse O	nly			
NAME OF COMMITTEE (ir	full)		check if nam changed)	ne		ole:If ty he line:		type		12	FE4	lМ5	_						
PAF		1 1 1 1																	
											ı		ı	ı				ı	
ADDRESS (number a	nd street)	P.O. Box	12063	1 1	1 1	1 1	1 1	1 1	I	1 1	ı		1	ı	1 1	ı	1 1	1	.
(Check if address							1 1	1 1	ı	1 1					1 1		1 1		
is changed	1)	Washingto	on Y 🛦							DC	TE A		200	05	Z		ODE	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRES	SS																	
(Check if a is changed		Contact	rogerthatco	mplianc	e.com														
		Optional S	Second E-Ma	ail Addre	ess														ı
COMMITTEE'S WEB		,	L) w.fundprogre	ss ora/															
(Check if a is changed																			
2. DATE 0	M / D 04		y y y 2024																
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C00	754069														
4. IS THIS STATEM	MENT	NEW ((N) O	R	×	AMI	ENDEI	D (A)											
I certify that I have e	examined th	is Statemer	it and to the	e best o	f my kn	owledg	e and	belief	it is	true	e, coi	rrect	and	con	nplete	э.			
Type or Print Name	of Treasurer	Schuman	, Blair, , ,																
Signature of Treasure	er Schur	man, Blair, , ,							[Date		M 01	_ /	D	04	/)24	Y
NOTE: Submission of	false, errone		mplete inform					-	-					pena	alties	of 52	2 U.S	.C. §	30109
Office Use					F	or furthe ederal E	lection	Commi									RM (2012)		

Local 202-694-1100

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EC 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 campaig information below.)	gn committee. (Complete the candidate
Name of Candidate ''', '', '', '', ', ', ', ', ', ', ', '	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an author	orized 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	ion on line 6.) Its connected organization is a
Corporation Corporation w/o Capital Stoc	ck Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	NOT a separate segregated 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 (Superior Committee)	·
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contri	ibution accounts (Hybrid PAC)
In addition, this committee is a Lobbyist/Registrant PAC.	isation decedine (Hysha Frie).
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, at least one of which is an authorized committee	•
(j) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, none of which is an authorized committee of a fee	•
Committees Participating in Joint Fundraiser	
1.	C

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V	Irite or Type Committee Name		
	PAF		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	CRUISE FOR CANC	UN	
	Mailing Address	P.O. Box 12063	
		Washington DC 200	005
		OITY A CTATE A	71D CODE 4
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi	ify by name, address (phone number optional) and position of the person in poss	session of committee
	Schuman, I	Blair	
	Full Name		
	Mailing Address	P.O. Box 12063	
		Seattle WA 981	15
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	795 - 1152
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Schuman, of Treasurer	Blair, , ,	
	Mailing Address	P.O. Box 12063	
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Seattle WA 981	15
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number =	- 795 - 1152

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Full Name of Designated Agent		1 1 1 1 1 1 1 1	
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼			
	Telephone nu	mber	
. Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which the commit intains funds.	tee deposits funds, hold	ds accounts, rents
Name of Bank, Depository,	etc.		
Wells F	argo		
Mailing Address	1334 1441 3(14W		
		DO	
	Washington	DC 20009	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
TD Bar	nk		
Mailing Address	1489 P St NW		
	Washington	DC 20005	
	CITY A	STATE A	ZIP CODE ▲