FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gillibrand for Senate PO Box 150516 ADDRESS (number and street) (Check if address is changed) Brooklyn 11215 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address cjgrover@vlpc.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kirstengillibrand.com (Check if address is changed) DATE 31 2023 C00413914 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Lowey, Keith, D., , Date 10 20 2023 Signature of Treasurer Lowey, Keith, D.,, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	ne candidate
Name of Candidate Gillibrand, Kirsten, , ,	
Candidate Party Affiliation Office Sought: House X Senate President	State NY District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 Pa	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
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ı	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Gillibrand for Ser	nate		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Represen	tative, or Leaders	ship PAC Sponsor
	Gillibrand Victory Fur	.d		
	Mailing Address	124 Washington Street		
		Suite 101		
		ı, Foxboro	MA 1 02035	
		CITY ▲ STA	ATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Rep	oresentative	Leadership PAC Sponse
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the	person in possess	ion of committee
	Lowey, Keit	h, D., ,		
	Full Name	 		
	Mailing Address	124 Washington Street		
	-	Suite 101		
		Foxboro	MA , , 02035	
		T OXDOIO	14 02033	
		CITY ▲ STA	ATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	508	543 - 1720
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comssistant treasurer).	nmittee; and the na	ame and address of
	Full Name Lowey, Keir	h, D., ,		
	of Treasurer			
	Mailing Address	124 Washington Street		
		Suite 101		
		Foxboro	MA 02035	
		CITY ▲ STA	ATE A	ZIP CODE ▲
	Title or Position ▼	5	-	
	Treasurer	Telephone number	508	543 - 1720

Full Name of Designated Agent	
Mailing Address	
CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	
Telephone number	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, hol safety deposit boxes or maintains funds.	ds accounts, rents
Name of Bank, Depository, etc.	
Amalgamated Bank 1825 K Street, NW	
Mailing Address	
Washington DC 1 20006	
CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.	
Chain Bridge Bank, NA	
Mailing Address 1445-A Laughlin Ave	
McLean VA 22101	
CITY ▲ STATE ▲	ZIP CODE ▲

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

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1.			
3.		FEC ID number	C
		FEC ID number	С
		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected O	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Mailing Address	502 Monroe Street		
Relationship:	Newport CITY A	KY STATE ▲	41071 ZIP CODE ▲
Composited	Organization Affiliated Committee X Joint	t Fundraising Representa	ative Leadership PAC Sp
Designated Agent: Identify I	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
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New York Majority F		iraising nepresentative	s, or Leadership PAC Spons
Mailing Address	124 Washington St.		
	Suite 101		
	Foxboro	MA	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A	STATE STATE	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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

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	ising Participant:				
1			FEC ID numbe	r C	
2.			FEC ID numbe	er C	
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4.			FEC ID numbe	er C	
ame of Any Connec	ted Organization, Affiliat	ted Committee, Joint F	undraising Representa	tive, or Leadership P	AC Spons
Women Senators	Making History				1 1 1
	222 5				
Mailing Address	600 Pennsylvania A	Ave, SE			
	Suite 15180				
	_I Washington		DC	20003	
	VVasilington				
			STATE Joint Fundraising Represe		ODE ▲
Conne	octed Organization Af	ffiliated Committee X	Joint Fundraising Represe		
Conne	octed Organization Af	ffiliated Committee X	Joint Fundraising Represe		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Gillibrand Baldwin V	ictory Fund		
Mailing Address	124 Washington Street		1 1 1 1 1 1 1 1 1
	Suite 101		
	Foxboro	MA MA	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
6. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
Ros	sen/Booker/Gillibran	d Victory Fund		
N	Mailing Address	124 Washington St		
		Suite 101		
		Foxboro	MA	02035
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		by name, address (phone number – optional)		
	Il Name	1		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
New York Senate Vic	etory 2024		
	400 Manda ad Assa NIF		
Mailing Address	120 Maryland Ave NE		
	Washington	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	v by name. address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			7ID 0005
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	CITY A Te ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main and of Bank, depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main and of Bank, depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents