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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gabe Vasquez for Congress Drawer L ADDRESS (number and street) (Check if address is changed) Mesilla 88046 NM CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address vasquez@mbacg.com is changed) Optional Second E-Mail Address ldecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://gabeforcongress.com (Check if address is changed) DATE 2024 C00789404 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 Rubio, Rosy, , Date 04 15 2024 Signature of Treasurer Rubio, Rosy, , , 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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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 information below.)	the candidate
Name of Candidate Vasquez, Gabriel, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State NM District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Bioline 02
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	ratic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	r Organization
	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Committees Participating in Joint Fundraiser	
1 [, , , , , , , , , , , , , , , , ,] C	

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٧	Vrite or Type Committee Name	•	
	Gabe Vasquez	for Congress	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	Gabe Vasquez Victo	ory Fund	
	Mailing Address	611 Pennsylvania Avenue SE	
	Ü	Suite 143	
		Washington	C 20003
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization X Joint Fundraising Rep	resentative Leadership PAC Spons
	netationship.	Allillated Organization 7 Joint Fundraising Rep	Leadership FAC Spons
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
		ristopher, , ,	
	Full Name		
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	
		Washington	C 20003
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the com assistant treasurer).	mittee; and the name and address of
	Full Name Rubio, Roof Treasurer	sy, , ,	
	Mailing Address	Drawer L	
		Mesilla N	MM
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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Full Name of Designated Agent	Koob, Christopher, , ,	1 1 1 1 1 1 1	
Mailing Address	611 Pennsylvania Avenue SE		
	Suite 143		
	Washington	DC L	20003
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		number	
. Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the comces or maintains funds.	mittee deposits fund	ls, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC L	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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1							
2				FEC I	D number	С	
				FEC I	D number	С	
3.				FEC	D number	С	
4.				 FEC	D number	C	
т.							
lame of Any Conn	nected Organ	ization, Affiliated	Committee, Joint	Fundraising Re	presentative	e, or Leadership P	AC Spons
New Mexico Ho	ouse Victory	Fund 2024					
Mailing Addres	ss 600) Pennsylvania Ave	: SE		1 1 1 1		
J		it 15180					
	Wa	ashington		1	DC	20003	I_I
Relationship:			CITY A		STATE A	ZIP C	ODE 🛦
Со	onnected Organ	nization Affilia	ated Committee	Joint Fundraisir	ng Representa	ative Leadersr	nip PAC Sp
esignated Agent:			one number – optio		ng Representa	ative Leadersr	nip PAC Sp
esignated Agent: Full Name	Identify by na				ng Representa	Leadersr	ip PAC Sp
esignated Agent:	Identify by na				ng Representa	Leadersr	nip PAC Sp
esignated Agent: Full Name	Identify by na				ng Representa	Leadersr	ip PAC Sp
esignated Agent: Full Name	Identify by na	ame, address (pho	one number – optio				
esignated Agent: Full Name	Identify by na	ame, address (pho			STATE A	ZIP CO	

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

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rade	OI	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Democracy Summer	2024		
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee X Jo		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Journal of Journal of States (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains 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 mame of Bank, epository, etc.	Affiliated Committee X Journal of Journal of States (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A