STATEMENT OF

PAGE 1/5

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. MVP Justice Fund PO Box 1719 ADDRESS (number and street) (Check if address is changed) Northampton 01061 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS regina@movement.vote (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2020 C00752543 FEC IDENTIFICATION NUMBER > 3. 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. Clemente, Regina, Marie, Ms., Type or Print Name of Treasurer Clemente, Regina, Marie, Ms., [Electronically Filed] 07 2020 Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revise	od 02/2009)	Page 3
Write or Type Committee Na		
MVP Justice F	und	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: lo	dentify by name, address (phone number optional) and position of the person in	possession of committee
	ite, Regina, Marie, Ms.,	
Full Name	1031 E Valencia St	
Mailing Address		
	Boise ID 8370	06
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 818	239 2070
. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	e name and address of
Full Name Clemen of Treasurer	te, Regina, Marie, Ms.,	
Mailing Address	1031 E Valencia St	
Mailing Address		
	Boise	06 1_1
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 818	239 - 2070

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. Amalgamated Bank 1255 California St	
safety deposit by Name of Bank,	Depository, etc. Amalgamated Bank 1255 California St	
safety deposit by Name of Bank,	Depository, etc. Amalgamated Bank 255 California St	1
safety deposit by Name of Bank,	Depository, etc. Amalgamated Bank 255 California St Suite 600	1
safety deposit by Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 255 California St Suite 600 San Francisco CA 9411	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 255 California St Suite 600 San Francisco CA 9411 CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 255 California St Suite 600 San Francisco CA 9411 CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 255 California St Suite 600 San Francisco CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 255 California St Suite 600 San Francisco CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 255 California St Suite 600 San Francisco CITY STATE Depository, etc.	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: