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Image# 202404089627478346 FEC FORM 1	STATEMEN ORGANIZA			04/08/2024 13 : 33 PAGE 1 / 11
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	e Use Only
COMMITTEE (in full)	is changed)	over the lines.		
Jeffries for Congres	<b>S</b>			
ADDRESS (number and street)	PO Box 65322			
(Check if address				
is changed)	Washington	· · · · · · · · · · ·	DC 2003	5
			STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	S			
(Check if address is changed)	info@jeffriesforcongress.com			
	Optional Second E-Mail Addre	955 		
COMMITTEE'S WEB PAGE ADD				
<ul><li>(Check if address is changed)</li></ul>	hakeemjeffries.com			
2. DATE 04 08	2024	503052		
3. FEC IDENTIFICATION NU	MBER ► C COOS	503052		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined this	s Statement and to the best of	my knowledge and belief it i	is true, correct and c	complete.
Type or Print Name of Treasurer	Toren, Cathy, , ,			
Signature of Treasurer Toren,	Cathy, , ,		Date 04	08 / Y Y Y Y 08 2024
NOTE: Submission of false, erroned	ous, or incomplete information ma ANY CHANGE IN INFORMATIC			enalties of 52 U.S.C. §30109

L	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)	
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FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Jeffries, Hakeem, , , Candidate State NY Candidate Office DEM House Senate President Party Affiliation Sought: District 08 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.) (g) This committee is an independent expenditure-only political committee (Super 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.	

In addition, this committee is a Lobbvist/Registrant PAC.

## Joint Fundraising Representative:

(i) 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.
 (j) 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.
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Jeffries for Congress	

6.	Name of Any Connected Or	ganization, Affiliated	I Commit	tee, J	loint	Fund	drais	sing	Repre	esent	ative	e, or	Lead	dershij	אר כ	C S	pon	sor	
	Jeffries Victory Fund																		
	Mailing Address	430 S CAPITOL ST S	E 																
		FL 2																	
		Washington											200	03		-L			
			CITY A	▲						STAT	E▲			ZI	P CC	DE			
	Relationship: Connected	Organization Affilia	ated Orgai	nizatio	'n	X 1	oint	Fundı	aising	Rep	resen	tativ	e	Lea	adersh	nip F	PAC	Spor	nsoi

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kyriacopou	ılos, Janica, , ,		
Full Name			
Mailing Address	PO Box 65322		
	Washington	DC 20035	
		STATE 🔺	ZIP CODE
Title or Position ▼			
Assistant Treasurer		ephone number	628   -   1580   

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	Toren, Cathy, , ,
of Treasurer	
Mailing Address	PO Box 65322
	$[ \  \  , \  \  , \  \  , \  \  , \  \  , \  \ $
	Washington     DC     20035
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number     202     244     2183

FEC Form 1 (Revised 02	2/20	009	9)																							I	Pag	е 4	۱		
Full Name of Designated Agent					1	1						I									1								1	1	
Mailing Address																															
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Title or Position ▼																															
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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 A	ZIP CODE
Name of Bank, D	Depository, etc.		
	Bank of America, NA		
Mailing Address	449 Myrtle Ave		
	Brooklyn	NY 11205	
	CITY 🔺	STATE A	ZIP CODE

		FEC IE	numbor	$\sim$		
			number	С		
		FEC ID	number	С		
		FEC ID	number	С		
		FEC IE	number	С		
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PO BOX 65322						
Washington		1		2003	5	-  , ,
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g) or (h).	Joint Fundraising	g Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	С
	of Any Connected ( fries Majority Fund	Organization, Affi	liated Committee, Joint	Fundraising F	lepresentativ	e, or Leadership PAC Sponsor
1	Mailing Address	PO BOX 65322				
		Washington		1		20035
F	Relationship:				STATE A	
	Connected	Organization	Affiliated Committee	Joint Fundrais	sing Represent	ative
Desigr	nated Agent: Identify	by name, address	s (phone number – optior	nal)		
	nated Agent: Identify	by name, address	s (phone number – optior	nal)		
Fu		by name, address	s (phone number – option	nal)		
Fu	II Name	by name, address	s (phone number – option	nal)		
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or (h). Joint Fundraising	Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
			· · · · · · · · · · · · · · · · · · ·
Mailing Address	600 PENNSYLVANIA AVE SE		
	STE 15180		
	Washington		20003
Relationship:		STATE A	
Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
Full Name			
Mailing Address			
	1		-
TITLE OR POSITION		STATE 🔺	
	•	ephone Number	
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Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.	Tel	ephone Number	

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2.			FEC I	D number	С		
3.			FEC	D number	С		
4.			FEC	D number	С		
lame of Any Connected C	Drganization, Affili	ated Committee, Joint	Fundraising Re	presentative	e, or Lead	ership P	AC Spons
Empire State Victory F	und						
Mailing Address	PO BOX 65322						
	Washington		1		2003	5	
	Washington						
Relationship:				STATE 🔺		ZIP C	ODE 🔺
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	<b>.</b>	Participant:		
1. [			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4. [			FEC ID number	С
	of Any Connected C ries Clark Aguilar V	Drganization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
Ν	lailing Address	600 PENNSYLVANIA AVE SE		
		#15180		
		Washington		20003
P	elationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Joint	E Fundraising Represent	ative
		by name, address (phone number – optional)		
Full	Name	by name, address (phone number - optional)		
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CITY

STATE **A** 

ZIP CODE

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g) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	С
			liated Committee, Joint	Fundraising F	epresentativ	e, or Leadership PAC Sponsor
Em	pire State Strikes B					
1	Mailing Address	PO Box 65322				
	J J J J J J J J J J J J J J J J J J J					
		Washington		1		20035
F	Relationship:				STATE ▲	
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5(g) or (h).	Joint Fundraising	Participant:		
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2			FEC ID number	С
3			FEC ID number	С
4			FEC ID number	С
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	e of Any Connected C LUE TO THE FUTUR	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	430 SOUTH CAPITOL STREET SE		
		2ND FLOOR		
		Washington		20003
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	Tull Name			<pre></pre>
F	ull Name		STATE	· · · · · · · · · · · · · · · · · · ·
F N 	Full Name		ephone Number	
9. <b>Bank</b>	Full Name		ephone Number	
9. Bank safety Name	Full Name		ephone Number	
9. Bank safety Name	Full Name		ephone Number	
9. Bank safety Name	Full Name		ephone Number	
9. Bank safety Name	Full Name		ephone Number	