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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT ORGANIZATI	_	c	PAGE 1 / 8
1. NAME OF COMMITTEE (in full)		ample:If typing, type er the lines.	12FE4M5	
Off the Sidelines P	AC			
ADDRESS (number and street)	124 Washington St.			
(Check if address is changed)	Suite 101			
is changed)	Foxboro 		MA 02 STATE ▲	035 – [ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	cjgrover@vlpc.com			
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 03 / 0	3 / Y Y Y Y 2025			
3. FEC IDENTIFICATION N	UMBER ► C C005256	00		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best of my	knowledge and belief it is	s true, correct and	d complete.
Type or Print Name of Treasure	r Lowey, Keith, , ,			
Signature of Treasurer Low	ey, Keith, , ,		Date 03	04 Y Y Y Y Y 2025
NOTE: Submission of false, erron	eous, or incomplete information may so ANY CHANGE IN INFORMATION S			penalties of 52 U.S.C. §3010
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2
5.	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 campaign committee. (Complete the c information below.)	andidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, et	c.) Party
	Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	nization
	Membership Organization Trade Association Cooperative	9
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee. (i.e., nonconnected committee)	und 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 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
 2.

Relationship:

Connected Organization

	_																
	FEC Form 1 (Revised 0	2/2009)												Pa	ge 3	3	
1	Write or Type Committee Name																
	Off the Sidelines	PAC															
6.	Name of Any Connected Or Gillibrand, Kirsten, E.	-	Commit	ttee, J	loint	Fund	raising	g Repr	esentat	tive, o	or Lo	eade	rship	PAC	; Sp	ons	or
	Mailing Address	PO Box 150516															
		Brooklyn							NY		1	1215	; l		- [_		
			CITY /						STATE				ZII	o co	DE		

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

Joint Fundraising Representative

X Leadership PAC Sponsor

Affiliated Organization

Lowey, Kei	th, , ,
Full Name	
Mailing Address	124 Washington Street
	Suite 101
	Foxboro MA 02035
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 508 - 543 - 1720

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	Lowey, Keith, , ,
of Treasurer	
Mailing Address	124 Washington Street
	Suite 101
	Foxboro
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 508 543 1720

FEC Form 1 (Revised 02	2009)			Page 4
Full Name of Designated Agent	1 1			
Mailing Address				
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
			Telephone number	

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 Street NW		
	Washington	DC 20006	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc. Chain Bridge Bank, NA		
Mailing Address	1445-A Laughlin Ave		
	McLean _	VA 22101	
	CITY 🔺	STATE A	ZIP CODE

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponso
Gillibrand Victory Fu	nd		
Mailing Address	124 Washington St		
	Suite 101		
	Foxboro	MA	02035
Relationship:		STATE A	
Connect	ed Organization	nt Fundraising Represent	ative Leadership PAC Spor
Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	
	1	Telephone Number	- -
	ories: List all banks or other depositories in which	h the committee deposi	ts funds, holds accounts, rents
afety deposit boxes or m	laintains funds.		
lame of Bank, Depository, etc.			
Mailing Address			
J			

1. 💷					F	EC ID nu	umber	С				
2.					F	EC ID nu	umber	С				
3.					F	EC ID nu	umber	С				
4.					F	EC ID nu	umber	С				
Name of	Any Connected C	Irganization A	ffiliated Comm	ittee Joint	Fundraisin	a Benres	entative	or I	eader	shin F	DAC Sn	onso
	ial Innovation Vi							., 01 1				
Mail	ing Address	502 Monroe S	Street					1 1	1 1	1 1	1 1 1	
		Newport					KY		41071			
						L L ST						
Rela	tionship:		CITY							ZIP U	ODE A	
Designate	Connected	Organization	CITY Affiliated Con ess (phone num	nmittee X	Joint Fund		epresenta	ative	- T		ODE A	
	Connected		Affiliated Con	nmittee X	_		epresenta		- T			
Designate Full N	Connected		Affiliated Con	nmittee X	_		epresenta		- T			
Designate Full N	Connected		Affiliated Con	nmittee X	_		epresenta		- T			
Designate Full N	Connected		Affiliated Con	nmittee X	_		epresenta		- T			
Designate Full N Mailing	Connected	by name, addre	Affiliated Con	nmittee X	_	draising Re	epresenta		Le		hip PAC	
Designate Full N Mailing	Connected	by name, addre	Affiliated Con	nmittee ×	al)	draising Re			Le	eadersh	hip PAC	

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5(g) or (h).	Joint Fundraising	Participant:					
1.) number	С	
2.) number	С	
3.) number	С	
4.) number	С	
6 Nomo	of Any Connected O	regnization Affilia	ted Committee laint [undraising Da	roontotivo	er Loodership DAC Spans	~ *
	w York Majority Fun					e, or Leadership PAC Sponso	
	Mailing Address	124 Washington St	reet				
		Suite 101					
		Foxboro			MA	02035	
	Relationship:				STATE A	ZIP CODE A	
	Connected	Organization A	ffiliated Committee	Joint Fundraisin	g Representa	tive Leadership PAC Spo	onsor
8. Desig	nated Agent: Identify I	oy name, address (phone number – optiona	al)			
Fu	III Name						
Ma	ailing Address						
				1		_	1
т							
		,			STATE A	ZIP CODE 🔺	
L	ITLE OR POSITION	,		Telephone N			
9. Banks safety Name		es: List all banks or		Telephone N	umber	ZIP CODE A	
9. Banks safety Name	s or Other Depositorie deposit boxes or main of Bank, itory, etc.	es: List all banks or		Telephone N	umber		
9. Banks safety Name	s or Other Depositorie deposit boxes or main of Bank,	es: List all banks or		Telephone N	umber		

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5(g) o	or (h). Joint Fundraising	g Participant:			
	1.		FEC	ID number	С
	2.		FEC	ID number	С
	3.		FEC	ID number	C
	4.		FEC	ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joir	nt Fundraising F	Representativ	e, or Leadership PAC Sponsor
	Gillibrand Senate Fun	1d			
	Mailing Address	120 Maryland Ave, NE			
		Washington		DC	20002
	Relationship:	CITY 🔺		STATE A	ZIP CODE
	Connected	d Organization	× Joint Fundrais	sing Represent	ative
8.	Full Name	y by name, address (phone number – opt	<u> </u>		
	Mailing Address	1			
	-				
			1		1
		CITY ▲		STATE A	
		•	Telephone	Numbor	- -
			Telephone		
	safety deposit boxes or ma	ries: List all banks or other depositories i aintains funds.	n which the com	mittee deposit	s funds, holds accounts, rents
	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories i aintains funds.	n which the com	mittee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma Name of Bank,	ries: List all banks or other depositories i aintains funds.	n which the com	mittee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories i aintains funds.	n which the com	mittee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories i aintains funds.	n which the com	mittee deposit	s funds, holds accounts, rents