Only

## STATEMENT OF

PAGE 1 / 5 =

FORM 1		OI	RGAN	IIZA	IIC	N														
														Offi	ce Us	e On	ly			
1. NAME OF COMMITTEE (in	full)		Check if nam changed)	ne		nple:If the lii	typing nes.	ı, typ∈	e	1	2 F	E41	М5		_					
DGA Action																				
ADDRESS (number an	id street)	1300 Eye	Street, NW																	
X ◀ (Check if a is changed)	ddress	Suite 1200	)West																	
is changed	,	Washingto	on			1 1	1 1				DC		1	2000	)5 	1	-			_
		CIT	Υ▲						_	S	TAT		_			ZII	- co	DE 🛦		_
COMMITTEE'S E-MA	IL ADDRES	S																		
(Check if a is changed)		complian	ce@demgov	s.org																
		Optional S	Second E-Ma	ail Addre	ess															
																				╛
COMMITTEE'S WEB  (Check if a is changed)	ddress	RESS (UR	<b>L)</b>																	
2. DATE 09	M / D 1		Y																	
3. FEC IDENTIFIC	ATION NUI	MBER ▶	C	C00	50378	9														
4. IS THIS STATEM	IENT	NEW (	(N) O	R	×	А	MEND	ED (A	<b>A</b> )											
certify that I have ex	xamined this	s Statemen	it and to the	best o	f my k	nowle	dge an	d bel	ief it	is t	rue,	corr	ect a	and	comp	olete				
Type or Print Name o	f Treasurer	Unger, Ka	aitlyn, , ,																	
Signature of Treasure	r Unger,	Kaitlyn, , ,								Da	te	IM	09	/	19		/ Y	202		Y
NOTE: Submission of f	alse, erroned		mplete inform												enalt	ties o	of 52	U.S.C	. §30	109.
Office Use						Federa	ther into	n Com	miss		ct:						<b>ORI</b>			_

Toll Free 800-424-9530

Local 202-694-1100

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FEC	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 candidate information below.)
	Name of Candidate
	Candidate Office State  Party Affiliation Sought: House Senate President
	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 Republican, etc.) Party
	Political Action Committee (PAC):
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	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 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) X 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:
	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.
	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

_	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	DGA Action			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	ındraising Representative,	or Leadership PAC Sponsor
	Democratic Action		<u> </u>	
	Mailing Address	1300 Eye Street, NW		
		Suite 1200West		
		Washington	DC	20005
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Representa	tive Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number option	al) and position of the person	in possession of committee
	Unger, Kair	tlyn, , ,		
	Mailing Address	1300 Eye Street, NW		
		Suite 1200West		
		Washington	DC	20005
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	202 - 772 - 5600
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee;	and the name and address of
	Full Name Unger, Kai	tlyn, , ,		
	Mailing Address	1300 Eye Street, NW		
	J	Suite 1200West		
		Washington	DC	20005
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	202

FEC Form 1 (Revised 0	02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STA	TE ▲ ZIP CODE ▲
	Telephone number	
Banks or Other Depositoric safety deposit boxes or mair	es: List all banks or other depositories in which the committee depositains funds.	posits funds, holds accounts, rents
Name of Bank, Depository, e	etc.	
Amalgar	mated Bank	
Mailing Address	275 Seventh Avenue	
	New York	Y 10001
	CITY ▲ STAT	TE ▲ ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY ▲ STAT	TE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page	of <sup>5</sup>	
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(h). <b>Joint Fundraisi</b>	ig Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
<u> </u>			
Mailing Address	1300 Eye Street, NW		
	Suite 1200West		
	Washington	DC	20005
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Sp
	d Organization X Affiliated Committee Jorgy by name, address (phone number – optional)	pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A