PAGE 1/7 =

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. Go for Broke for Veterans PO Box 15320 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pac@nextlevelpartners.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2019 C00729301 FEC IDENTIFICATION NUMBER > 3. X 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. May, Jennifer, , , Type or Print Name of Treasurer May, Jennifer, , , [Electronically Filed] 12 02 2019 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

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|-------------------------|--|-------------------------------------|
| TYF | E OF C | OMMITTEE | |
| Cai | ndidate | 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. (Compinformation below.) | ete the candidate |
| | ne of ididate | | |
| | didate ty Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | ne of didate | | |
| Par | rty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, epublican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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 seg committee. (i.e., nonconnected committee) | regated 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.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | × | 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. | or more political |
| (h) | | 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | MAX ROSE FOR CONGRESS FEC ID number C C0069 | 52248 |
| | 2. | CHRIS PAPPAS FOR CONGRESS FEC ID number C C0066 | 60464 |
| | 3. | ELAINE FOR CONGRESS FEC ID number C C0066 | 64375 |
| | 4. | SPANBERGER FOR CONGRESS FEC ID number C C0064 | 9913 |

| FEC Form 1 (Revised 0 |)2/2009) | Page 3 |
|--|---|---------------------------|
| Write or Type Committee Name | | . ago c |
| Go for Broke for | r Veterans | |
| | rganization, Affiliated Committee, Joint Fundraising Representative, or Lea | adership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| . Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the person i | n possession of committee |
| May, Jenni Full Name | fer, , , | |
| Mailing Address | PO Box 15320 | |
| • | 1 | 1 |
| | Washington DC 200 | 003 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | - 505 - 1657 |
| Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer). | ne name and address of |
| Full Name May, Jenni | ier, , , | |
| Mailing Address | PO Box 15320 | |
| Č | | |
| | Washington DC 200 | 003 |
| Title on B. W | CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number | |

| | n 1 (Revised 02/2009) | Page 4 |
|---------------------|--|--------------------|
| | | |
| Full Name of | | |
| Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| Name of Bank, I | Depository, etc. Bank of America | |
| | Depository, etc. | |
| Name of Bank, I | Depository, etc. Bank of America 201 Pennsylvania Ave, SE | ZIP CODE |
| Name of Bank, I | Depository, etc. Bank of America | ZIP CODE |
| Name of Bank, I | Depository, etc. Bank of America | ZIP CODE |
| Name of Bank, I | Depository, etc. Bank of America 201 Pennsylvania Ave, SE Washington DC 20003 CITY STATE Depository, etc. | ZIP CODE |
| Name of Bank, I | Depository, etc. Bank of America 201 Pennsylvania Ave, SE Washington DC 20003 CITY STATE Depository, etc. | ZIP CODE |
| Name of Bank, I | Depository, etc. Bank of America 201 Pennsylvania Ave, SE Washington DC 20003 CITY STATE Depository, etc. | ZIP CODE |
| Name of Bank, I | Depository, etc. Bank of America 201 Pennsylvania Ave, SE Washington DC 20003 CITY STATE Depository, etc. | ZIP CODE ZIP CODE |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

| 5(<u>g)</u> | or(h). Joint Fundraisir JOE CUNNING | GHAM FOR CONGRESS | FEC ID number | C C00650507 |
|--------------|---|---|-------------------------|------------------------------|
| | COMMITTEE T | O ELECT JARED GOLDEN | FEC ID number | C C00653816 |
| | 2. LAUREN UNDI | ERWOOD FOR CONGRESS | FEC ID number | C C00652719 |
| | 3. CONOR LAMB | FOR CONGRESS | FEC ID number | C C00657411 |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | Connecte | d Organization Affiliated Committee Joint | t Fundraising Represent | ative Leadership PAC Sponsor |
| | | | | |
| 8. | Designated Agent: Identify | y by name, address (phone number – optional) | | |
| 8. | Designated Agent: Identify Full Name | y by name, address (phone number – optional) | | |
| 8. | | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION | CITY A Telestries: List all banks or other depositories in which | elephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito | CITY A Telestries: List all banks or other depositories in which | elephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail Name of Bank, | CITY A Telestries: List all banks or other depositories in which | elephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main the safety deposit boxes or main the safety depository, etc. | CITY A Telestries: List all banks or other depositories in which | elephone Number | |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main the safety deposit boxes or main the safety depository, etc. | CITY A Telestries: List all banks or other depositories in which | elephone Number | |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 5(g) | or(h). Joint Fundraisin | g Participant: | | |
|------|--|--|-----------------------------|------------------------------|
| | BRINDISI FOR | CONGRESS | FEC ID number | C C00648725 |
| | 2. CISNEROS FO | R CONGRESS | FEC ID number | C C00650648 |
| | JASON CROW | FOR CONGRESS | FEC ID number | C C00637363 |
| | 4. MIKIE SHERRII | LL FOR CONGRESS | FEC ID number | C C00640003 |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fu | ındraising Representativ | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee | Joint Fundraising Represent | ative Leadership PAC Sponsor |
| | | | | |
| 8. | Designated Agent: Identify | / by name, address (phone number – optional |) | |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – optional |) | |
| 8. | | by name, address (phone number – optional | | |
| 8. | Full Name | by name, address (phone number – optional | | |
| 8. | Full Name | by name, address (phone number – optional | | |
| 8. | Full Name | CITY A | | ZIP CODE A |
| 8. | Full Name | CITY A | | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main and the safety deposi | CITY A | STATE A Telephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor | CITY A | STATE A Telephone Number | |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, | CITY A | STATE A Telephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc. | CITY A | STATE A Telephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc. | CITY A | STATE A Telephone Number | |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 5(g) | or(h). Joint Fundraisin | g Participant: | | |
|------------------------------------|--|---|---|------------------------------|
| | GINA ORTIZ JO | ONES FOR CONGRESS | FEC ID number | C C00652297 |
| | 2. COLIN ALLREI | D FOR CONGRESS | FEC ID number | C C00637868 |
| | 3. HILLIANS | O FOR CONGRESS | FEC ID number | C C00498667 |
| | 4 | | FEC ID number | C |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Funds | raising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee Joint | Fundraising Representa | tive Leadership PAC Sponsor |
| | | | | |
| 8. | Designated Agent: Identify | y by name, address (phone number – optional) | | |
| 8. | Designated Agent: Identify Full Name | y by name, address (phone number – optional) | | |
| 8. | | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION | CITY A ries: List all banks or other depositories in which | STATE A | |
| 8. 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito | CITY ▲ ries: List all banks or other depositories in which aintains funds. | STATE A | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, | CITY ▲ ries: List all banks or other depositories in which aintains funds. | STATE A elephone Number the committee deposit | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc. | CITY ▲ ries: List all banks or other depositories in which aintains funds. | STATE A elephone Number the committee deposit | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc. | CITY ▲ ries: List all banks or other depositories in which aintains funds. | STATE A elephone Number the committee deposit | |