08/08/2024 09:14

(Revised 06/2012)

**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Clarke for Congress PO Box 250200 ADDRESS (number and street) (Check if address is changed) Brooklyn 11225 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@katzcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) voteyvette.com (Check if address is changed) DATE 2024 C00415331 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Clarke, Una,, Date 80 80 2024 Signature of Treasurer Clarke, Una, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:			
Candidate Committee:			
(a) X 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 information below.)	the candidate		
Name of Clarke, Yvette D., , ,			
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State NY District 09		
(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 Republication	atic, an, etc.) Party		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:		
Corporation Corporation w/o Capital Stock Labor	Organization		
Membership Organization Trade Association Coope	erative		
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).			
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(j) 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		
Committees Participating in Joint Fundraiser			
1			

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Write or	Type Committee Nam	ne	
Cla	arke for Cong	gress	
. Name	e of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
NO	NE		
Mailin	ng Address		
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
Relation	onship: Connecte	ed Organization Affiliated Organization Joint Fundraising Rep	presentative Leadership PAC Sponso
	odian of Records: Ide and records.	entify by name, address (phone number optional) and position of the	e person in possession of committee
	Clarke, U	Jna, , ,	
Full N	lame	,PO Box 33079	
Mailin	ng Address	10 500 33079	
		Washington	OC 20033
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
Title o	or Position ▼		
Treas	surer	Telephone number	202 548 0880
	surer: List the name a lesignated agent (e.g.	and address (phone number optional) of the treasurer of the con, assistant treasurer).	nmittee; and the name and address of
Full N	lame Clarke, U	Jna, , ,	
	ng Address	PO Box 33079	
	<b>5</b>		
		Washington	DC 20033
		CITY A STA	ATE ▲ ZIP CODE ▲
Title o	or Position ▼		
Treas	surer	Telephone number	202

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Full Name of Designated Agent Mailing Address	Williams, L. Joy, , ,  PO Box 33079		
	Washington  CITY	DC 20033 — □	
Title or Position		211 0032 2	
Assistant Treasur	rer Telepho	one number 202 - 548 - 0880	
	<b>Depositories:</b> List all banks or other depositories in which the cxes or maintains funds.	committee deposits funds, holds accounts, rents	
Name of Bank, D	Depository, etc.		
	JP Morgan Chase		
Mailing Address	189 Montague Street		_
	Brooklyn	NY 11201	
_	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, D	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY ▲	STATE ▲ ZIP CODE ▲	