Image#	202404299636864446

FEC

ſ

04/29/2024 15 : 46

PAGE 1 / 6 🗕

STATEMENT	OF
ORGANIZATI	ON

FORM 1	····		O	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Torres for Congres	S			
ADDRESS (number and street)	PO Box 580303			
(Check if address is changed)				
is changed)	Bronx CITY ▲		NY 104 STATE ▲	458
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	rominaenea.ccd15@gmail.c	com		
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)			
2. DATE 04 29				
3. FEC IDENTIFICATION NU	JMBER ► C co	00699744		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it i	s true, correct and	l complete.
Type or Print Name of Treasure	r May, Jennifer, , ,			
Signature of Treasurer May,	Jennifer, , ,		Date 04	29 / Y Y Y Y 2024
NOTE: Submission of false, errone		may subject the person signing th		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

EC Form 1 (Revised 03/2022)	Page 2
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.)	e the candidate
Name of Torres, Ritchie, John, , Candidate I	
Candidate Office VIII	State NY
Party Affiliation DEM Sought: X House Senate President	District 15
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democr (d) This committee is a (national, State or subordinate) committee of the (Democr	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	r Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	

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
 1.
 2.

-

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

Torres for Congress

6.	Name of Any Connected Or	ganization, Affiliate	ed C	omr	mitt	ee, 、	Join	t F	und	rais	sing	Re	pre	ser	ntat	ive	, 01	Le	ad	ersl	hip	PAC	s :	por	nsor	
	Take Back the House																									
	Mailing Address	PO Box 15320																								
							1																			
		Washington																2	000	3			- L			
				CIT	Υ									STA	ΑΤΕ						ZIP	СС	DE			
	Relationship: Connected (Organization	filiate	d Or	rgan	izatio	on	×	Jo	int	Fund	rais	ing	Re	ores	sent	ativ	e	C	L	.eac	lersh	ip I	PAC	Sp	onsor

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

May, Je	ennifer, , ,
Full Name	
Mailing Address	PO Box 580303
	Bronx [NY 10458
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 202 - 505 - 1657

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 of Treasurer	May, Jennifer, , ,
Mailing Address	PO Box 580303
	Bronx
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form	1 (Revised	02/2009)
----------	-----	---------	---------	---

Full Name of Designated Agent	Enea-Vargas, Romina, , ,
Mailing Address	PO Box 580303
	Bronx NY 10458
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Deputy Treasurer	r

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.

TD Bank			
Mailing Address	640 E Fordham Rd		
	Bronx	NY 10458	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository, e			
Bank of	America		
Mailing Address	201 Pennsylvania Ave SE		
	Washington	DC 20003	
	CITY 🔺	STATE	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

(g) or (h).		g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.		_	FEC ID number	C
Name	of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Tor	res Victory Fund			
r	Mailing Address	PO Box 15320		
		Washington		20003
F	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponsor
		by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number – optional)		
Fu		by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	II Name			<pre></pre>
Fu	II Name		STATE A	
Fu Ma T	II Name		ephone Number	
Fu Ma T Banks	II Name		ephone Number	
Fu Ma T Banks safety Name	II Name		ephone Number	
Fu Ma T Banks safety Name	II Name		ephone Number	
Fu Ma T Banks safety Name	II Name		ephone Number	

CITY

STATE **A**

ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Democratic Future Leaders	Ship Fund → → → → → → → → → → → → → → → → → → →	FEC ID number FEC ID number FEC ID number C FEC ID number C draising Representative, or Leadership PAC Sponter of the second s
3.	Ship Fund D Box 15845 ashington CITY ▲ nization Affiliated Committee X Join	FEC ID number FEC ID number draising Representative, or Leadership PAC Sport DC 20003
4	Ship Fund D Box 15845 ashington CITY ▲ nization Affiliated Committee X Join	FEC ID number
Name of Any Connected Organ Democratic Future Leaders Mailing Address Mailing Address Relationship: Connected Organ Designated Agent: Identify by na Full Name	Ship Fund D Box 15845 ashington CITY ▲ nization Affiliated Committee X Join	draising Representative, or Leadership PAC Spor
Democratic Future Leaders	Ship Fund D Box 15845 ashington CITY ▲ nization Affiliated Committee X Join	DC 20003 ZIP CODE ▲
Democratic Future Leaders	Ship Fund D Box 15845 ashington CITY ▲ nization Affiliated Committee X Join	DC 20003 ZIP CODE ▲
Mailing Address	D Box 15845 Affiliated Committee	STATE A ZIP CODE A
Mailing Address	ashington	STATE A ZIP CODE A
Mailing Address	ashington	STATE A ZIP CODE A
Mailing Address	ashington	STATE A ZIP CODE A
Relationship: Connected Organ Cesignated Agent: Identify by na Full Name	CITY A	STATE A ZIP CODE A
Relationship: Connected Organ Connected Agent: Identify by na Full Name	CITY A	STATE A ZIP CODE A
Connected Organ Designated Agent: Identify by na Full Name	nization Affiliated Committee X Join	
Designated Agent: Identify by na		nt Fundraising Representative
Full Name	ame, address (phone number - optional)	
Mailing Address		
1		
TITLE OR POSITION ▼	CITY 🔺	STATE ▲ ZIP CODE ▲
		Telephone Number
Banks or Other Depositories: L	ist all banks or other depositories in which	h the committee deposits funds, holds accounts, rer
safety deposit boxes or maintains	s funds.	
Name of Bank, Depository, etc.		
Mailing Address		
Mailing Address		
Mailing Address		