1. NAME OF COMMITTEE (in full)  
   Example: If typing, type over the lines.
   People’s Pharma Movement

2. DATE  
   07/26/2022

3. FEC IDENTIFICATION NUMBER  
   C00821439

4. 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.

Type or Print Name of Treasurer  
Gilmore, John, 

Signature of Treasurer  
Gilmore, John, 

[Electronically Filed]  
Date  
07/26/2022

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.
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

<table>
<thead>
<tr>
<th>Candidate Party Affiliation</th>
<th>Office Sought:</th>
<th>House</th>
<th>Senate</th>
<th>President</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

<table>
<thead>
<tr>
<th>State</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Party Committee:**

(d) This committee is a (National, State or subordinate) committee of the (Democratic, 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) 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. C
2. C
People's Pharma Movement

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
   NONE

    Mailing Address

    CITY ▲  STATE ▲  ZIP CODE ▲

   Relationship: [ ] Connected Organization  [ ] Affiliated Organization  [ ] Joint Fundraising Representative  [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.
   Full Name: Phillips, Justin, , ,
   Mailing Address: 205 Pennsylvania SE
   Washington, DC 20009
   CITY ▲  STATE ▲  ZIP CODE ▲
   Title or Position: Custodian of Records
   Telephone number: 202 - 543 - 8345

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: Gilmore, John, , ,
   Mailing Address: PO Box 672
   Long Beach, CA 11561
   CITY ▲  STATE ▲  ZIP CODE ▲
   Title or Position: Telephone number: 516 - 382 - 0081
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.

<table>
<thead>
<tr>
<th>Name of Bank, Depository, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chain Bridge Bank</strong></td>
</tr>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>CITY ▲</td>
</tr>
<tr>
<td>Name of Bank, Depository, etc.</td>
</tr>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>CITY ▲</td>
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</table>