Only

STATEMENT OF

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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. Elaine for Congress PO Box 66191 ADDRESS (number and street) (Check if address is changed) Virginia Beach 23466 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) elaineforcongress.com (Check if address is changed) DATE 2022 C00664375 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. Petterson, Jay, , , Type or Print Name of Treasurer Petterson, Jay, , , [Electronically Filed] 07 2022 Signature of Treasurer Date 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	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 the information below.)	candidate
	Name of Candidate Luria, Elaine, , ,	
	Candidate Party Affiliation DEM Office Sought: House Senate President	State VA District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	02
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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 Org	anization
	Membership Organization Trade Association Cooperation	ve .
	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 committee. (i.e., nonconnected committee)	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).	
	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	5).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1	1 (Revised 02/2009)	Page 3
٧	/rite or Type Comn	mittee Name	
	Elaine fo	or Congress	
6.	Name of Any Co	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	Mailing Address	PO Box 66191	
		Virginia Beach	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
:	Custodian of Red books and record	ecords: Identify by name, address (phone number optional) and position of the person in possess	ion of committee
		Petterson, Jay, , ,	
	Full Name		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer		682 7328
3.		the name and address (phone number optional) of the treasurer of the committee; and the na agent (e.g., assistant treasurer).	ame and address of
	Full Name	Petterson, Jay, , ,	
	of Treasurer		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	682 - 7328

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent		1 1 1 1	
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		umber	
	Depositories: List all banks or other depositories in which the commes or maintains funds.	ittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	4616 Virginia Beach Blvd		
	Virginia Beach	VA L	23462
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Woodsboro Bank		
Mailing Address	900 N East St		
	Frederick	MD	21701
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ama of Amy Compositor	A Committee Affiliated Committee Laint Friedrich	raining Danyanantativ	a ay Landayahin DAC Char
=	d Organization, Affiliated Committee, Joint Fundr WOMEN'S VICTORY FUND	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 9		
	1		
	LEXINGTON	KY	40588
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

Page ____ **of** _____

Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents		g Participant:		
SUITE 143 Belationship: City A STATE A ZIP CODE A Title OR POSITION ▼ City A STATE A ZIP CODE A Telephone Number City A STATE A ZIP CODE A Telephone Number Telephone Number	1.		FEC ID number	С
A. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons GOTTHEIMER LURIA TORRES VICTORY FUND Mailing Address 611 PENNSYLVANIA AVENUE SE SUITE 143 WASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	2.		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons GOTTHEIMER LURIA TORRES VICTORY FUND Mailing Address 611 PENNSYLVANIA AVENUE SE SUITE 143 WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	3.		FEC ID number	C
GOTTHEIMER LURIA TORRES VICTORY FUND Mailing Address 611 PENNSYLVANIA AVENUE SE SUITE 143 WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotter Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	4.		FEC ID number	C
SUITE 143 WASHINGTON Pelationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents		_	ising Representative	e, or Leadership PAC Sponsor
SUITE 143 WASHINGTON Pelationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents				
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spontal Name Mailing Address CITY A STATE A ZIP CODE A TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number	Mailing Address	611 PENNSYLVANIA AVENUE SE		
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spote Besignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A TITLE OR POSITION Title OR POSITION Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents		SUITE 143		
Connected Organization		WASHINGTON	DC	20003
8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY STATE ZIP CODE Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents				
Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents		by name, address (phone number – optional)		
Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	Full Name	by name, address (phone number – optional)		
Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	Full Name	by name, address (phone number – optional)		
D. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	Full Name	by name, address (phone number – optional)		
	Full Name	CITY	STATE A	ZIP CODE A
safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address	Full Name	CITY A		ZIP CODE A
CITY ▲ STATE ▲ ZIP CODE ▲	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 Tele ries: List all banks or other depositories in which the	ephone Number	

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

Page ____ **of** ______

Banks or Other Depositorial depositions of Bank, Depository, etc. Mailing Address				
Name of Bank, Depository, etc.				
Name of Bank, Depository, etc.				
afety deposit boxes or ma				
Name		oositories in which th	ne committee deposit	s tunds, holds accounts, rents
	wigo, Liet all banks and the ch	and the second s		a founda halda assa eta esta
		Tele	ephone Number	
TITLE OR POSITION	▼ CITY ▲	•	STATE ▲	ZIP CODE ▲
		<u> </u>		
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (phone num	nber – optional)		
Connected	d Organization Affiliated Cor	mmittee X Joint F	Fundraising Representa	ative Leadership PAC Spo
Relationship:	CITY	A	STATE ▲	ZIP CODE ▲
	WASHINGTON		DC DC	20006
Mailing Address	910 17TH ST NW STE 925			
MEECA VICTORY				
	Organization, Affiliated Comm	nittee, Joint Fundra	ising Representative	e, or Leadership PAC Spons
4.				
3.			FEC ID number	C
			FEC ID number	C
2.			FEC ID number	C
2.			FEC ID number	C

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

Page ____ **of** ______

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	DEFEND THE MA	AJORII Y 		
	Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	Mailing Address			
		WASHINGTON	ı DCı	, 20003
	Relationship:	CITY ▲	STATE A	ZIP CODE A
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	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			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	
8.	Full Name	CITY A	1	
- 9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main management of Bank,	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main management of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main management of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (

Page ___ **of** _____

h). Joint Fundrais i	ng raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
EDW HOLD THE	: HOUSE FUND 		
Margara Addana	600 PENNSYLVANIA AVE SE #15180		
Mailing Address			
	WASHINGTON.		20000
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

Page ____ **of** ____

n). Joint Fundraising	Participant:	-			
1.			FEC ID numb		
2.			FEC ID numb	er C	
3.			FEC ID numb	er C	
4.			FEC ID numb	er C	
=	Organization, Affiliated Co	mmittee, Joint Fun	draising Represent	ative, or Leadership F	PAC Spor
SERVE AMERICA	VICTORY FUND				
Mailing Address	PO Box 2013				
	Salem		MA	01970	
Relationship:	CI	ITY 🛦	STATE	ZIP C	ODE A
			int Fundraising Repres	sentative Leaders	hip PAC S
	Organization Affiliated by name, address (phone		int Fundraising Repres	sentative Leaders	hip PAC S
esignated Agent: Identify			int Fundraising Repres	sentative Leaders	hip PAC S
esignated Agent: Identify Full Name			int Fundraising Repres	sentative Leaders	hip PAC S
esignated Agent: Identify Full Name		number – optional)		sentative Leaders	
esignated Agent: Identify Full Name	by name, address (phone	number – optional)			
esignated Agent: Identify Full Name Mailing Address	by name, address (phone	number – optional)			
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone CIT es: List all banks or other	number – optional)	STATE :	ZIP CC	-
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arme of Bank, epository, etc.	by name, address (phone CIT es: List all banks or other	number – optional)	STATE :	ZIP CC	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone CIT es: List all banks or other	number – optional)	STATE :	ZIP CC	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arme of Bank, epository, etc.	by name, address (phone CIT es: List all banks or other	number – optional)	STATE :	ZIP CC	

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundrais i			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
•	I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
VIRGINIA HOUS	E VICTORY PAC 2022		
Mailing Address	499 SOUTH CAPITOL STREET SW		
Mailing Address	SUITE 407		
			20000
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint J	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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n). Joint Fundraising	•		FE0 ID :	
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected (Organization, Affiliated Commit	tee, Joint Fundra	ising Representative	e, or Leadership PAC Spor
LURIA SHERRILL	VICTORY FUND			
Mailing Address	499 South Capitol Street SW			
	Suite 407			
	Washington		DC	20003
Relationship:	CITY A	\	STATE ▲	ZIP CODE ▲
	Organization Affiliated Com	mittee X Joint	Fundraising Representa	ative Leadership PAC S
Connected			Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Com		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Com		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Com	per – optional)		Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Combby name, address (phone numb	per – optional)		
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Combby name, address (phone numb	per – optional)		
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated Combby name, address (phone numbby	per – optional)	STATE A ephone Number	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori	Organization Affiliated Combby name, address (phone numbby	per – optional)	STATE A ephone Number	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mail	Organization Affiliated Combby name, address (phone numbby	per – optional)	STATE A ephone Number	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	Organization Affiliated Combby name, address (phone numbby	per – optional)	STATE A ephone Number	ZIP CODE A

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

Page ____ **of** _____

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or material boxes or material boxes. Name of Bank, Depository, etc. Mailing Address	ries: List all banks	or other depositories in which	Telephone Number	its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks	or other depositories in which		its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks	or other depositories in which		its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks	or other depositories in which		its funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks	or other depositories in which		its funds, holds accounts, rents
TITLE OR POSITION	▼		Telephone Number	
TITLE OR POSITION	▼			
		CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address	(phone number - optional)		
Connected	d Organization	Affiliated Committee	pint Fundraising Represen	tative Leadership PAC Spor
Relationship:		CITY A	STATE A	ZIP CODE ▲
	WASHINGTON		DC	20003
Mailing Address	600 PENNSYLVA	ANIA AVE SE #15180		
Name of Any Connected HOUSE VICTOR	_		ndraising Representati	ve, or Leadership PAC Sponso
4.			FEC ID number	[C]
			FEC ID number	C
3.			FEC ID number	С
2			FEC ID number	C

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

FEC Form 1S (Revised 02/2017)

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	FORWARD VIRGI	INIA		
	Mailing Address	1751 POTOMAC GREENS DR		1 1 1 1 1 1 1 1 1 1
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint I	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
В.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	CITY A Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	CITY A Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A