Only

STATEMENT OF

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FEC FORM 1		ORGANIZATION							Office Use Only							
1. NAME OF COMMITTEE (ir	n full)		Check if names changed)		mple:If ty		/ре	ſ	12F	'E41	1 5					
JVP Action	•							_								
ADDRESS (number a	nd street)	712 H. St	:. NE													
(Check if a	address	Suite 136	3	1 1 1 1	1 1 1	1 1	1 1	1	1 1	ı		1 1	1 1			
is changed	(ג	Washing	ton				. 1		DÇ	1	2	0002		1-1		
		Cl	TY 🛦						STAT	_ E ▲			ZI	P CC	DDE 🛦	<u> </u>
COMMITTEE'S E-MA	AIL ADDRE	SS														
(Check if a is changed		info@j	vpactionpac	c.org												
		Optional arabb	Second E-Ma ②levyratn e	il Address er.com			<u> </u>									
COMMITTEE'S WEB (Check if a is changed)	address	DRESS (UF	RL)													
2. DATE 1		4 Y	y y y 2022													
3. FEC IDENTIFIC	CATION N	UMBER ▶	. C	C0074769	1											
4. IS THIS STATE	MENT	NEW	(N) O I	R ×	AME	ENDED	(A)									
I certify that I have e	examined t	nis Stateme	nt and to the	best of my k	knowledge	and b	elief	it is	true,	corre	ect a	nd co	mplete).		
Type or Print Name	of Treasure	r Morrison	, Seth, , ,													
Signature of Treasure	er <i>Morr</i>	ison, Seth, , ,			[Electronic	cally File	ed]	Da	ate	_	10	/	14	/ Y	202	2
NOTE: Submission of	false, erron		omplete inform	-			-					ne per	alties	of 52	U.S.C	; §30109
Office Use					For further Federal El Toll Free 8	ection Co	ommis		act:				EC F			j

Toll Free 800-424-9530

Local 202-694-1100

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. TYPE OF COMMITTEE:											
Candidate Committee:											
(a) This committee is a principal campaign committee	ee. (Complete the candidate information below.)										
(b) This committee is an authorized committee, and information below.)	I is NOT a principal campaign committee. (Complete the candidate										
Name of Candidate											
Candidate Office Party Affiliation Sought:	House Senate President District										
(c) This committee supports/opposes only one can	didate, and is NOT an authorized committee.										
Name of Candidate											
Party Committee:											
(d) This committee is a (National, or subord	State (Democratic, inate) committee of the 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 Lobby	ist/Registrant PAC.										
(f) This committee supports/opposes more than on committee. (i.e., nonconnected committee)	e Federal candidate, and is NOT a separate segregated fund or party										
In addition, this committee is a Lobby	ist/Registrant PAC.										
In addition, this committee is a Leade	rship PAC. (Identify sponsor on line 6.)										
(g) This committee is an independent expenditure-only political committee (Super PAC).											
In addition, this committee is a Lobby	st/Registrant PAC.										
(h) This committee is a political committee with bot	h contribution and non-contribution accounts (Hybrid PAC).										
In addition, this committee is a Lobby	st/Registrant PAC.										
Joint Fundraising Representative:											
(1)	raising expenses and disburses net proceeds for two or more political is an authorized committee of a federal candidate.										
(j) This committee collects contributions, pays fund committees/organizations, none of which is an a	raising expenses and disburses net proceeds for two or more political authorized committee of a federal candidate.										
Committees Participating in Joint Fundraiser											
1	C										

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٧	Vrite or Type Committee Name JVP Action PA							
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Jewish Voice for Peace Action, INc.							
	Mailing Address	712 H. St. NE						
		Suite 1363						
		Washington	DC 20002					
		CITY ▲	STATE ▲ ZIP CODE ▲					
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising	g Representative Leadership PAC Sponso					
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position o	of the person in possession of committee					
	French, Ale	xander, , ,						
	Full Name							
	Mailing Address	712 H. St. NE						
		Suite 1363						
		Washington	DC 20002 -					
		CITY ▲	STATE ▲ ZIP CODE ▲					
	Title or Position ▼							
	Assistant Treasurer	Telephone nur	nber					
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of					
	Full Name Morrison, S	eth, , ,	1					
	of Treasurer	740 U. C. NE						
	Mailing Address	712 H. St. NE						
		Suite 1363						
		Washington	DC 20002 - - -					
		CITY A	STATE ▲ ZIP CODE ▲					
	Title or Position ▼							
	Treasurer	Telephone nur	nber 929 - 290 - 0313					

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	ull Name of esignated			
	gent			
Ma	ailing Address			
Tit	tle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
L		Telephone r	number	
		Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	unds, holds accounts, rents
Na	ame of Bank, D	epository, etc.		
		Amalgamated Bank		
Ma	ailing Address	255 California Street		
		Suite 600	1 1 1 1 1	
		San Francisco	CA	94111
		CITY ▲	STATE ▲	ZIP CODE ▲
Na	ame of Bank, D	epository, etc.		
Ma	ailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲