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) over the lines. is changed) La Bamba PAC PO Box 15320 ADDRESS (number and street) (Check if address is changed) Washington DC 20003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS labambapac@nextlevelpartners.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2023 C00753947 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. May, Jennifer, , , Type or Print Name of Treasurer May, Jennifer, , , [Electronically Filed] 03 07 2023 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Co	mplete the candidate information below.)
(b) This committee is an authorized committee, and is NO information below.)	T a principal campaign committee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House	See Senate President District
(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) or	(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	ation w/o Capital Stock Labor Organization
Membership Organization Trade A	Association Cooperative
In addition, this committee is a Lobbyist/Regi	strant PAC.
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	ral candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regi	strant PAC.
In addition, this committee is a Leadership P	AC. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only pol	itical committee (Super PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
(h) This committee is a political committee with both contr	bution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising committees/organizations, at least one of which is an a	expenses and disburses net proceeds for two or more political authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising committees/organizations, none of which is an authorize	expenses and disburses net proceeds for two or more political ed committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , , ,	C
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	FEC Form 1 (Revised 02	2/2000			Page 3
V	Vrite or Type Committee Name				r age 3
•	La Bamba PAC	, ,			
6.		ganization, Affiliated Committee, Joint Fundraising	g Representa	tive, or Leade	ership PAC Sponsor
	Lilia i i i i i i i i i i i i i i i i i i	, 			
	Mailing Address	PO Box 580303			
		Bronx	, NY	1 10458	3 1 1
	_	CITY ▲	STATI	Ē ▲ 	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fur	ndraising Repre	esentative x	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and po	osition of the p	erson in posses	ssion of committee
	May, Jennifo	er			
	Full Name				
	Mailing Address	PO Box 15320			
			1 1 1 1 1		
		Washington	l DC	20003	3 _
	Title or Position ▼	CITY ▲	STATI	Ē▲	ZIP CODE ▲
	Treasurer		one number	202 -	505 - 1657
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasure ssistant treasurer).	er of the comm	nittee; and the	name and address of
	Full Name May, Jennifo	er, , ,			
	of Treasurer				
	Mailing Address	PO Box 15320			
			1 1 1 1 1		
		Washington	DC	20003	3 -
		CITY ▲	STATI	E ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		one number	202 –	505 - 1657

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Full Name of Designated			
Agent			
Mailing Address			
Title or Position		ATE 🛦	ZIP CODE ▲
	Telephone number		
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deces or maintains funds.	eposits funds, hold	ds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	201 Pennsylvania Ave, SE		
	Washington	DC 20003	
	CITY ▲ STA	TE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲ STA	TE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected Torres Victory Fu	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 15320	1	
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joing Joing by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Representa	
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main ame of Bank, epository, etc	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisin		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Take Back the Ho	ouse 		
	₁ PO Box 15320		
Mailing Address			
			20000
	Washington	DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representation	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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h). Joint Fundraisin	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Chutz PAC			
Mailing Address	PO Box 15320		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	v by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	v by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	v by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A