FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	e 12FE4M5
	159 SHEPARD ST	
ADDRESS (number and street)		
(Check if address is changed)	BOX 137	
		MA02138
	CITY ▲	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS	
(Check if address is changed)	veritasprogressives@gmail.com	
	Optional Second E-Mail Address	1
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL)	
2. DATE 01 /	25 / Y Y Y Y 2022	
3. FEC IDENTIFICATION	NUMBER ► C C00682724	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A	A)
I certify that I have examined	d this Statement and to the best of my knowledge and bel	lief it is true, correct and complete.
Type or Print Name of Treas	urer Fields, Rachel, , ,	
Signature of Treasurer Fi	ields, Rachel, , ,	Date 01 / 26 / 2024
NOTE: Submission of false, en	roneous, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPOR	
Office Use Only	For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission FEC FORIVI I

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5.	TYPE O	F 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 Candic										
	Candic Party /	date Office Affiliation Sought: House Senate President	State								
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District								
	Nam Cano	e of Jidate									
	Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party										
	Politica	Il 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	or 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).									
		In addition, this committee is a Lobbyist/Registrant PAC.									
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	1 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
2.

In addition, this committee is a Lobbyist/Registrant PAC.

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Write or Type Committee Name	
VERITAS PROGRESSIVES PAC	

6.	Name of Any C	Conn	ected	d Org	gan	izati	ion,	Aff	filia	ted	С	omi	mit	tee	, J	oin	t F	uno	dra	isir	ng I	Rej	pre	ser	ntat	ive	, o	r L	ead	der	shi	ρF	γAC	; S	por	iso	r	
	Mailing Address	5																																				
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												СІТ	Ύ											STA	λΤΕ						Z	IP	со	DE	E 🔺			
	Relationship:	Co	onnec	ted C	Drga	niza	tion	C	A	ffilia	atec	l Oı	rgai	niza	tior	ſ		J	oint	Fu	ndr	aisi	ing	Re	ores	sen	tativ	/e			Lea	ade	rshi	ip I	PAC	: Sp	oon	sor

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

Flores, Vi	stor, , ,	
Full Name		
Mailing Address	59 Shepard Street	
	Suite 137	
	Cambridge MA 02138	
	CITY A STATE A ZI	P CODE 🔺
Title or Position ▼		
Deputy Director	Telephone number	3 - 7060

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	Fields, Rachel, , ,
of Treasurer	
Mailing Address	59 Shepard Street
	Suite 137
	Cambridge MA 02138
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Executive Directo	r 617 386 3490

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

В	ank of America		
Mailing Address	1414 Massachusetts Avenue		
	Cambridge	MA 02138	³
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depo	ository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE