Only

STATEMENT OF

PAGE 1/5 =

FEC FORM 1		ORGAI				Office Use Only
1. NAME OF COMMITTEE (ir	r full)	(Check if na is changed)		ample:If typing, type er the lines.	12FE4M5	
	i iuii)	is changed)	OV	er the lines.		
2034 PAC						
	1 1 1 1					1
ADDDEOC /		PO Box 60558				
ADDRESS (number a	•					
is changed		Philadelphia			DA 1	9145
		CITY ▲			STATE ▲	ZIP CODE▲
COMMITTEE'S E-MA	AIL ADDRE	ESS				
(Check if a is changed		victoria@spruces	streetcomp.	com		1
is changed	4)	Optional Second E-I	Mail Address			
COMMITTEE'S WEB (Check if a is changed	address	Lilia				
2. DATE 0		4 2020				
B. FEC IDENTIFIC	CATION N	UMBER ▶	C C007594	149		
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMENDED (A)		
certify that I have e	examined t	his Statement and to the	ne best of my	knowledge and belief	it is true, correct a	nd complete.
Type or Print Name	of Treasure	Perrone, Victoria, , ,				
Signature of Treasure	er <i>Perro</i>	one, Victoria, , ,		[Electronically Filed]	Date 09	24 2020
NOTE: Submission of	false, erron			ubject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use				For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee	Name	
2034 PAC		
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	ndership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in	n possession of committee
Perro Full Name	one, Victoria, , ,	
Mailing Address	PO Box 60558	
maming readings		
	Philadelphia PA 191	45
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 432 - 5290
. Treasurer: List the name any designated agent (ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	ne name and address of
Full Name Perro	one, Victoria, , ,	
Mailing Address	PO Box 60558	
	Philadelphia	45
Title or Position Treasurer	CITY STATE	ZIP CODE 432
	Telephone number	

FEC FOII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- -
safety deposit be Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, hole oxes or maintains funds. Depository, etc. Amalgamated Bank	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit be Name of Bank, I	Depository, etc. Amalgamated Bank	
safety deposit be Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: