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. Gillibrand for Senate 124 Washington St. ADDRESS (number and street) Suite 101 (Check if address is changed) Foxboro 02035 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS cjgrover@vlpc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kirstengillibrand.com (Check if address is changed) DATE 10 03 2022 C00413914 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 10 13 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	C Form 1 (Revised 03/2022)	Page <b>2</b>
	TYPE OF 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 information below.)	candidate
	Name of Candidate Gillibrand, Kirsten, , ,	
	Candidate Party Affiliation  DEM  Office Sought: House  Senate President	State NY 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) committee of the Republican, or	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	ganization
	Membership Organization Trade Association Cooperati	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	<b>&gt;</b> ).
	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	
	1	

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٧	Vrite or Type Committee Name							
	Gillibrand for S	enate						
6.	Name of Any Connected O Gillibrand Victory Full		nmittee, Joint Fu	ndraising Repre	esentative, o	r Leaders	ship PAC S	Sponsor
	Mailing Address	124 Washington Street						
		Suite 101						
		Foxboro			MA	02035		
		С	ITY ▲		STATE ▲		ZIP CODE	<b>■</b>
	Relationship: Connected	Organization Affiliated	Organization <b>x</b>	Joint Fundraising	Representati	ve	Leadership	PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone	e number optiona	al) and position o	f the person i	n possess	ion of comn	nittee
	Lowey, Kei	th, D., ,						
	Full Name							
	Mailing Address	124 Washington Street						
		Suite 101						
		Foxboro			MA	02035		
		С	ITY 🔺		STATE ▲		ZIP CODE	<b>■</b>
	Title or Position ▼							
	Treasurer			Telephone num	ber 50	08	543	1720
8.	Treasurer: List the name and any designated agent (e.g., a		optional) of the	treasurer of the	committee; a	and the na	ame and ac	ddress of
	Full Name Lowey, Kei	th, D., ,						
	of Treasurer							
	Mailing Address	124 Washington Street						
		Suite 101						
		Foxboro			MA	02035		
	Title on Decition -	С	ITY ▲		STATE ▲		ZIP CODE	<b>■</b>
	Title or Position ▼		I	Telephone num	ber 50	08   -	543	1720

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title on Desition =	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ■		
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, have or maintains funds.	olds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	
Mailing Address		
	Washington p DC   2000	6
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank, NA	
Mailing Address	1445-A Laughlin Ave	
	McLean VA 2210	1
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representativ	e, or Leadership PAC Spon
Gillibrand Demino	gs Beasley Victory Fund		
Mailing Address	124 Washington St.		
	Suite 101		
	Foxboro	MA	02035
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sr
	d Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). <b>Joint Fundraising</b>	Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number C	
	4.		FEC ID number	
				_
6.	Name of Any Connected C		aising Representative, or Leadership PAC Sponsor	r . I
				Ш
	Mailing Address	124 Washington St.		Ш
		Suite 101		
		Foxboro	MA 02035	Ш
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative Leadership PAC Spon	sor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	•			
				_
		CITY ▲	STATE ▲ ZIP CODE ▲	
	TITLE OR POSITION	<b>Y</b>		
		Te	elephone Number	
9.	safety deposit boxes or mai	es: List all banks or other depositories in which that ntains funds.	the committee deposits funds, holds accounts, rents	
	Depository, etc.			Ш
	Mailing Address			

FEC Form 1S (Revised 02/2017)

(g) or (h). <b>Joint Fundrais</b>	sing Participant:		
1.	<b>g . up</b>	FEC ID number	C
2.		FEC ID number	C
		FEC ID number	C
3		FEC ID number	C
4		J 20 12 Hamber	O .
. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fu	undraising Ponrosontative	o ar Landarshin BAC Spansor
Booker Gillibran		muraising nepresentative	e, or Leadership FAO oponsor
Mailing Address	600 Pennsylvania Ave, SE		
	Suite 15180		
	Washington	, DC	20003
Dalatianahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connec	ted Organization Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponsor
	tify by name, address (phone number - optional	)	
Full Name			
Mailing Address			
TITLE OR POSITIO	ON V	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Deposi safety deposit boxes or I	itories: List all banks or other depositories in wh maintains funds.	ich the committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). <b>Joint Fundraisi</b> ı	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4.		J	
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Financial Innovat	ion Victory Committee		
	502 Monroe Street		
Mailing Address			
	Newport	KY KY	41071
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number - optional		
Full Name	y by name, address (phone number – optional		
	y by name, address (phone number – optional		
Full Name	y by name, address (phone number – optional		
Full Name	y by name, address (phone number – optional		
Full Name	CITY		
Full Name   _   _   Mailing Address	CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited deposit boxes or mailing and the second sec	CITY A  pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	CITY A  pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	CITY A  pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	CITY A  pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	CITY A  pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

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5(g) or	r(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
<b>-</b> 6. I	Name of Any Connected Gillibrand Rosen	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington St. Suite 101		
		Foxboro	MA	02035
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	1 Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
_				
- 8. I	Full Name	by name, address (phone number – optional)		
- 8. <b>I</b>		by name, address (phone number – optional)		
- 3. <b>I</b>	Full Name	by name, address (phone number – optional)		
- 8. <b>I</b>	Full Name			
- 8. <b>I</b>	Full Name	CITY A	STATE A	ZIP CODE A
- 8. I	Full Name	CITY A	STATE A	
- 9. I	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. I	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor 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. I	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor base or matching and the safety deposit boxes or matching and the safety depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
- 9. I	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor base or matching and the safety deposit boxes or matching and the safety depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A

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1.			
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	ed Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	124 Washington St		
· ·	Suite 101		
	Foxboro	MA	02035
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	eted Organization Affiliated Committee X Juntify by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ider			ative Leadership PAC Sp
esignated Agent: Ider			ative Leadership PAC Sp
esignated Agent: Ider			Leadership PAC Sp
esignated Agent: Ider	ntify by name, address (phone number – optional)		
Pesignated Agent: Ider	ntify by name, address (phone number – optional)		Leadership PAC Sp

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n). <b>Joint Fundraisin</b> g						
1.			J	D number	C	=
2.			FEC I	D number	С	=
3			FEC I	D number	C	_
4.			FEC I	D number	C	
	Organization, Affiliated Cor	nmittee, Joint Fu	ndraising Re	presentativ	e, or Leadership PAC S	Spon
52 in 22 Joint Victor	ory Fund					
Mailing Address	124 Washington St.					
	Suite 101					
	Foxboro		, , , <b>,</b> ,	MA	02035	
Relationship:	CII	ΓΥ 🛦		STATE A	ZIP CODE	_
Connected	Organization Affiliated (	Committee x J	oint Fundraisir	g Represent		
Connected		Committee x J		g Represent		
Connected esignated Agent: Identify	Organization Affiliated (	Committee x J		g Represent		
Connected esignated Agent: Identify Full Name	Organization Affiliated (	Committee x J		g Represent		
Connected esignated Agent: Identify Full Name	Organization Affiliated (	Committee x Journal)		g Representa		AC S
Connected esignated Agent: Identify Full Name	Organization Affiliated of the property of the	Committee		g Represent	ative Leadership PA	AC S
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated of the property of the	Committee		STATE A	ative Leadership PA	AC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor of the deposition boxes or maintenance or maint	Organization Affiliated of the property of the control of the cont	Committee	Telephone N	STATE A	Leadership PA	AC S
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor	Organization Affiliated of the property of the control of the cont	Committee	Telephone N	STATE A	Leadership PA	AC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma  ame of Bank,	Organization Affiliated of the property of the control of the cont	Committee	Telephone N	STATE A	Leadership PA	AC S
Esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Tanks or Other Depositor fety deposit boxes or maintenance of Bank, epository, etc.	Organization Affiliated of the property of the control of the cont	Committee	Telephone N	STATE A	Leadership PA	AC S

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n). <b>Joint Fundraising</b>				
1.			FEC ID number	C
2.			FEC ID number	C
3			FEC ID number	C
4.			FEC ID number	C
	Organization, Affiliated Committe	e, Joint Fundrai	sing Representative	e, or Leadership PAC Spor
Fetterman/Gillibrar	nd Victory Fund			
Mailing Address	124 Washington St.			
	Suite 101			
	Foxboro		MA MA	02035
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Commi		Fundraising Represent	Leadership PAC S
Connected			Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Commi		Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Commi		Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Commi	r — optional)		Leadership PAC S
connected  esignated Agent: Identify  Full Name  Mailing Address	Organization Affiliated Commi	r — optional)		
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Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Organization Affiliated Commi by name, address (phone numbe  CITY   CITY   es: List all banks or other deposi	r – optional)	STATE A	ZIP CODE A
Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Commi by name, address (phone numbe  CITY   CITY   es: List all banks or other deposi	r – optional)	STATE A	ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Commi by name, address (phone numbe  CITY   CITY   es: List all banks or other deposi	r – optional)	STATE A	ZIP CODE A
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Commi by name, address (phone numbe  CITY   CITY   es: List all banks or other deposi	r – optional)	STATE A	ZIP CODE A