FEC

Only

STATEMENT OF

PAGE 1 / 12 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ken Calvert for Congress Committee PO BOX 2438 ADDRESS (number and street) (Check if address is changed) Corona CA 92878 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaign-compliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.calvertforcongress.com (Check if address is changed) DATE 2024 C00257337 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. Type or Print Name of Treasurer Vasels, Nicholas C.,, Vasels, Nicholas C., , , 80 26 2024 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Calvert, Ken, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State CA District 41
(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 (Democra	itic, in, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1 C	

I	FEC Form 1 (Revised 0)	2/2009)	Page 3
V	rite or Type Committee Name	Con aveca Committee	
_		Congress Committee	
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	Calvert Victory Fund		
	Mailing Address	PO Box 30844	1 1 1 1 1 1 1 1 1
		Bethesda MD 20	0824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person in pos	ssession of committee
	Slater, Jen,	,, ,,	
	Mailing Address	9070 Irvine Center Drive	
	J	Suite 150	
		Irvine CA 92	2618
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	_ 858 7448
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and testistant treasurer).	he name and address of
	Full Name Vasels, Nic	nolas C., , ,	
	Mailing Address	PO Box 2438	
	<u> </u>		
		Corona	2878
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	_ 823 1867

Full Name of Designated Agent Mailing Address	
Mailing Address	
]-[
]-[
CITY ▲ STATE ▲ ZIP C	ODE A
Title or Position ▼	
]-[
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.	unts, rents
Name of Bank, Depository, etc.	
Citizens Business Bank	
Mailing Address	
Corona]-[
CITY ▲ STATE ▲ ZIP CO	ODE A
Name of Bank, Depository, etc.	
Middletown Valley Bank	
Mailing Address 24 W Main Street	
Middletown MD 21769	
CITY ▲ STATE ▲ ZIP CO	ODE A

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

Page ___ **of** _____

h). Joint Fundrais ii	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
PROTECT THE HOU	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Join by by name, address (phone number – optional)		
esignated Agent: Identif	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee X Join y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the content of the	d Organization Affiliated Committee X Join by by name, address (phone number – optional) CITY A CITY A pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Join Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A Telephone Number	ZIP CODE A

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

Page ___ **of** _____

h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
PROTECT THE HOU	JSE CALIFORNIA 2024		
Mailing Address	PO BOX 30844		
		<u> </u>	
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
animontal Ament Identifi			
esignated Agent: Identif	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 A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or maintain the state of	CITY A Telestries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes or material depository, etc. Chain epository, etc.	CITY CITY Telestries: List all banks or other depositories in which aintains funds. Bridge Bank	elephone Number	

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

Page ___ **of** _____

(h). Joint Fundrais i	3		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e. or Leadershin PAC Spons
GROW THE MAJOR			
Mailing Address	228 S Washington Street #115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Pesignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)		Ative Leadership PAC Spo
Designated Agent: Ident	fy by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or necessity.	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number	ZIP CODE A

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

Б	-4	12	
Page	of	12	

	FEC	ID number	С
	FEC	ID number	С
	FEC	ID number	С
	FEC	ID number	С
_	Joint Fundraising F	Representative	e, or Leadership PAC Spons
824 S. MILLEDGE AVE. STE. 101			1 1 1 1 1 1 1 1 1 1
ATHENS		GA	30605
CITY A		STATE A	ZIP CODE ▲
CITY A		STATE A	ZIP CODE A
_	BUILDERS 824 S. MILLEDGE AVE. STE. 101 ATHENS CITY Affiliated Committee	d Organization, Affiliated Committee, Joint Fundraising F BUILDERS 824 S. MILLEDGE AVE. STE. 101 ATHENS CITY	The decomposition of the deco

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

Page	of	12
i age	O :	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
SCALISE LEADERS	SHIP FUND 2024		
	320 1ST ST SE		
Mailing Address	320 131 31 31		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of the	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

Page ___ **of** ____

1.						
			FEC ID	number	C	_
2.			FEC ID	number	С	_
3.			FEC ID	number	C	
4.			FEC ID	number	C	
			_			
Name of Any Conne	cted Organization, Affi	liated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spo	ons
AMERICAN BAT	TLEGROUND FUND)		1 1 1		ı
Mailing Address	PO BOX 30844					
	BETHESDA		1	MD	20824	1
Polotionobin:		CITY ▲		STATE A	ZIP CODE ▲	
	entify by name, address		Joint Fundraising	Representa	ative Leadership PAC	Spo
Conr		Affiliated Committee X		Representa	ative Leadership PAC	Spo
Conr				Representa	ative Leadership PAC	Spo
Conr Designated Agent: Id				Representa	Leadership PAC	Spo
Conr Designated Agent: Id				Representa	Leadership PAC	Spo
Conr Designated Agent: Id Full Name Mailing Address	entify by name, address	s (phone number – option	nal)			Spo
Conr Designated Agent: Id	entify by name, address		nal)	TATE A	Leadership PAC ZIP CODE ZIP CODE	Spo

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

Page ___ **of** ____

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
GROW THE MAJOR	ITY CA		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Mailing Address			
	The state of the s		
TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
I	CITY ▲	STATE ▲ Telephone Number	ZIP CODE A
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in vaintains funds.	Telephone Number	its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	pries: List all banks or other depositories in valuations funds.	Telephone Number	its funds, holds accounts, rents

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

Page	of	12
i age	O :	

1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
SCOTT FRANKLIN	WINGMAN FUND		
Mailing Address	P.O. BOX 2811		
Mailing Address			
	LAKELAND		33806
Deletionship			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mainly and the second seco	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A