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) is changed) over the lines. Gillen for NY PO Box 33079 ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@katzcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://lauragillen.com/ (Check if address is changed) DATE 2024 C00840165 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. Type or Print Name of Treasurer Lang, Stuart, , Date 07 25 2024 Signature of Treasurer Lang, Stuart, , , 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 the information below.)	ne candidate
Name of Candidate Gillen, Laura, , ,	
Candidate Party Affiliation Office Sought: House Senate President	State NY District 04
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.00.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democrati or subordinate) committee of the Republican	c, ı, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 P.	AC).
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	
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	FEC Form 1 (Revised 0)	2/2009)	Page 3
W	rite or Type Committee Name		
	Gillen for NY		
5 .	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
	Laura Gillen Victory F	i <mark>und</mark>	
	Mailing Address	PO Box 33079	
		Washington DC 2003	33
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
<u>. </u>	Custodian of Records: Identification books and records.	ry by name, address (phone number optional) and position of the person in poss	ession of committee
	Lang, Stuar	t, , ,	
	Full Name	PO Box 774	
	Mailing Address		
		Rockville Centre NY 1157	^{′1}
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	548 - 0880
1.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
	Full Name Lang, Stuar of Treasurer	t, , ,	
	Mailing Address	PO Box 774	
	3		
		Rockville Centre NY 115	71
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		548 - 0880

FEC Form	(Revised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
	Depositories: List all banks or other depositories in whoxes or maintains funds.	nich the committee deposits fund	ls, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Amalgamated Bank		
Mailing Address	275 7th Ave		
	New York	NY NY	10003
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	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 Fundraisin	g Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Democracy Summer I	Majority Fund		
Mailing Address	600 Pennsylvania Ave SE #15180		
	1		
	Washington	l DC l	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
П.		oint Fundraising Representa	
Designated Agent: Identify	by name, address (phone number - optional))	
Designated Agent: Identify Full Name	by name, address (phone number – optional))	1 1 1 1 1 1 1 1 1 1 1
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		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 Fundraisi	•		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
		,	
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
House Victory Project	xt 2024		
Mailing Address	600 Pennsylvania Ave SE #15180		
Mailing Address			
	Washington	ı DC ı	20003
Deletionship			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	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 mane of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	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.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	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.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	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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2. 🔲				FEC II	0 number	С	
3.				FEC II) number	С	Ξ
4.				FEC II	number	С	
				_			
	Any Connected Co		ated Committee, Joint	Fundraising Re	oresentative	e, or Leadership PAC S	pons
Mail	ling Address	PO Box 65322					
		Washington			DC	20035	
Rela	ationship:		CITY A		STATE ▲	ZIP CODE	A
esignate			Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PA	——
Pesignate Full N	ed Agent: Identify				y nepresenta	Leadership FAC	Sp
Full N	ed Agent: Identify				y nepresenta	Leadership FAC	
Full N	ed Agent: Identify					Leadership FAC	
Full N	ed Agent: Identify					Leadership FAC	
Full N Mailin	ed Agent: Identify	by name, address		nal)	STATE A	ZIP CODE A	