Image# 202301169574764586				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
I. NAME OF	(Check if name	Example: If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Blue Dog Politica	I Action Commit	tee		
	PO Box 83142			
ADDRESS (number and street)				
 (Check if address is changed) 				
	CITY A		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
 (Check if address is changed) 	vwinpisinger@msn.co	m 		
Ç ,	Optional Second E-Mail Ad	dress		
 (Check if address is changed) 	https://bluedogdems.com/			
2. DATE 01 / 1				
3. FEC IDENTIFICATION N	UMBER ► C C	00305318		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true, correct ar	nd complete.
	_			
Type or Print Name of Treasure	Tuesca, Molly, Allen, ,			
Signature of Treasurer	a, Molly, Allen, ,	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 16 2023
NOTE: Submission of false, erron		may subject the person signing t		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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. (Compl information below.)	ete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	ocratic, blican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
	poperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segurity committee. (i.e., nonconnected committee)	regated 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 (Hyb	orid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

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

(i)

1.	L														С				
2.	L														С				

FEC Form 1 ((Revised 02/2009)
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Write or Type Committee Name

Blue Dog Political Action Committee

6.	Name of Any NONE	Conn	ected	Org	jani	zati	on,	Afi	filia	ted	С	om	mit	tee	, J	oin	t F	une	drai	isir	ng	Rej	pre	ser	ntat	ive	e, o	r L	ead	der	ship	PA	C	Sp	ons	sor	
	Mailing Addres	SS								1																											
				l																																	
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	Relationship:	С	onnect	ed C	rgar	nizat	tion	C	A	Affilia	ateo	d 0	rga	niza	atio	n		J	oint	Fu	Indr	aisi	ing	Re	pre	sen	tati	ve			Lea	ders	ship) PA	AC	Spo	nso

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

Winpising	ger, Vickie, , ,
Full Name	
Mailing Address	PO Box 83142
	Gaithersburg MD 20883
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasurer	Telephone number 301 - 947 - 0278

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	Tuesca, Molly, Allen, ,
of Treasurer	
Mailing Address	PO Box 83142
	Gaithersburg MD 20883
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

Bank o	f America		
Mailing Address	1048 Quince Orchard Road		
		<u> </u>	
	Gaithersburg	MD 20878	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲