Only

STATEMENT OF

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FEC FORM 1		OF	RGAN	IZATI	ON							Office I	Jse On	ılı.		
1. NAME OF	£II)		heck if name		ample: If		уре	1	2F	E4M		Jilice (ose On	iy		
COMMITTEE (ir		IS	changed)	OV	er the line	es.				_	_		_			
Dream Big N	IYC															
ADDRESS (number a	nd street)	1319 F St	NW 													
(Check if a	address	Ste 301, P	MB 204	1 1 1		1 1	1 1			1 1	ı	l l	1 1	1 1	1 1	
is changed	1)	Washingto	on				. 1		DÇ	ı	20	004		1_1		
		CIT	Y 🛦					5	STATE	▮▲			ZI	P CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS														
(Check if a is changed		jorge@tm	nwcompliance	e.com					ı	1 1	I					₁ 1
is changed	<i>A)</i>	Optional S	Second E-Ma	ail Address												
COMMITTEE'S WEB (Check if a is changed	address	DRESS (UR	L)													
2. DATE 1	M / D		2025													
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C009280	69											
4. IS THIS STATEM	MENT X	NEW (N) O	R [AN	1ENDE[) (A)									
I certify that I have e	examined th	is Statemen	t and to the	best of my	knowled	ge and	belief	it is t	rue,	corre	ct an	d con	nplete			
Type or Print Name	of Treasure	^r Badillo, Jo	orge, , ,													
Signature of Treasure	er B <u>adil</u>	o, Jorge, , ,						Da	ite	M 1	1	/ D	24	/ Y	2025	
NOTE: Submission of	false, errone		mplete inform									e pena	alties o	of 52 l	J.S.C.	§30109
Office Use					Federal	ner information (Commis		ct:					ORI 06/20		

Toll Free 800-424-9530

Local 202-694-1100

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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. (Complete the information below.)	ne candidate								
	Name of Candidate									
	Candidate Party Affiliation 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 Committee:									
	(Mational, State (Democrati	c, , 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:								
		Survey of the co								
		Organization								
	Membership Organization Trade Association Coopera	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) X This committee is an independent expenditure-only political committee (Super PAC).									
	In addition, this committee is a Lobbyist/Registrant PAC.									
		A (C)								
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P.	40).								
	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 committees/organizations, none of which is an authorized committee of a federal candidate.	or more political								
	Committees Participating in Joint Fundraiser									
	1C									

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١٨	FEC Form 1 (Revised 0 /rite or Type Committee Name	2/2009)	Page 3
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	Dream Big NYC		James Line BAO Occupant
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
	Trelationship.	Organization Joint Fundraising Representative	Leadership 1 AC Oponson
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in poss	ession of committee
	Badillo, Jor	go.	
	Full Name	ye,,, 	
	Mailing Address	1319 F St NW Ste 301	
		Washington DC 2000	³⁴
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	- 375 - 5363
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Badillo, Jor	ge, , ,	
	of Treasurer	-	
	Mailing Address	1319 F St NW Ste 301	
		Washington DC 2000	04
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		- 375 - 5363

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Full Nar Designa Agent		
Mailing	ldress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or	osition ▼	
	Telephone number	-
	Other Depositories: List all banks or other depositories in which the committee deposits funds, osit boxes or maintains funds.	, holds accounts, rents
Name o	Bank, Depository, etc.	
	Amalgamated Bank	
Mailing .	dress 275 7th Avenue	
	New York	0001
	CITY ▲ STATE ▲	ZIP CODE ▲
Name o	Bank, Depository, etc.	•
Mailing	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲