Only

STATEMENT OF

PAGE 1/9

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Gillibrand for Senate PO Box 150516 ADDRESS (number and street) (Check if address is changed) Brooklyn 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 02 2023 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] 02 2023 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 2
	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 can information below.)	ıdidate
	Name of Candidate Gillibrand, Kirsten, , ,	
	Party Affiliation DEM Sought: House Senate President	State NY istrict
	(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, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	Membership Organization Trade Association Cooperative	
	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 function committee. (i.e., nonconnected committee)	d 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 or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0)	2/2009)	Page 3
V	Irite or Type Committee Name		
	Gillibrand for S	enate	
6.		ganization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
	Gillibrand Victory Fur	iu 	
	Mailing Address	124 Washington Street	
		Suite 101	
		Foxboro	02035
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represe	entative Leadership PAC Sponso
	riciationship.	Signification Anniated Organization South Fundraising Represe	Ecadership 1740 Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the per	rson in possession of committee
	Lowey, Keit	n, D., ,	
	Full Name		
	Mailing Address	124 Washington Street	
		Suite 101	
		Foxboro	02035
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼	3	555_
	Treasurer	Telephone number	508 - 543 - 1720
8.	any designated agent (e.g., a		tee; and the name and address of
	Full Name Lowey, Keit of Treasurer	n, D., ,	
	or freasurer	124 Washington Street	
	Mailing Address		
		Suite 101	
		Foxboro	02035
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼	_	508 543 1720

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position ■	CITY ▲ STATE ▲	ZIP CODE ▲
•		Depositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds.	lds accounts, rents
	Name of Bank, D	epository, etc.	
		Amalgamated Bank	
	Mailing Address	1825 K Street, NW	
		Washington DC 20006	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		Chain Bridge Bank, NA	
	Mailing Address	1445-A Laughlin Ave	
		McLean VA 22101	
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Booker Gillibrand	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	600 Pennsylvania Ave, SE		1 1 1 1 1 1 1 1 1 1
	Suite 15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join Join Join Join Join Join Joi	int Fundraising Representa	Leadership 170 Sp
esignated Agent: Identi			Leadership FAC S
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii Full Name	fy by name, address (phone number – optional) CITY CITY 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 mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY 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 mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisin	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Financial Innovation	on Victory Committee		
Mailing Address	502 Monroe Street		
	Newport	, , KY	41071
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Hepresenta	Leadersnip PAC S
		Fundraising Hepresenta	Leadersnip PAC S
esignated Agent: Identify		Fundraising Hepresenta	Leadersnip PAC S
esignated Agent: Identify		Fundraising Hepresenta	Leadersnip PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	STATE	Leadersnip PAC S
esignated Agent: Identify Full Name _ _ _	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin ç	p Participant:			
	1		FEC I	D number	C
	2.	<u> </u>	J FEC I	D number	C
	3.		FEC I	D number	C
	4.		FEC I	D number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fo	undraising Re	epresentativ	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington St.			
		Suite 101			
		Foxboro		MA L	02035
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraisir	ng Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number - optiona	l)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone N	Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in wlantains funds.	nich the comm	nittee deposit	is funds, holds accounts, rents
	Mailing Address	1		1 1 1 1	
	ivialility Address				
			, , , I		
		CITY ▲		STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

5(g)	or(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
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Women Senators	Making History		
		600 Pennsylvania Ave, SE		1
	Mailing Address	Suite 15180		
		Washington	DC DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		•		ZIP CODE A
	Mailing Address	•	STATE A	ZIP CODE A
9.	Mailing Address TITLE OR POSITION	Te: List all banks or other depositories in which	STATE STATE lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor	ries: List all banks or other depositories in which intains funds.	STATE STATE lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	

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

FEC Form 1S (Revised 02/2017)

5(g)	or(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
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Gillibrand Baldwin	Victory Fund		
	Mailing Address	124 Washington Street		
		Suite 101		
		Foxboro	, MA	02035
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.				
	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name	by name, address (phone number – optional)		
		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 A	STATE A	ZIP CODE A
	Full Name	CITY A		ZIP CODE A
	Full Name	CITY A	STATE A	ZIP CODE A
9.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY CITY Tes: List all banks or other depositories in which	STATE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	