FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 6
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	lifornia Leadership	United for Victory P	PAC)	
	1499 S. CAPITOL STREET, S	N		
ADDRESS (number and street)	SUITE 420			
is changed)			DC 20 STATE ▲	0003
COMMITTEE'S E-MAIL ADDI	RESS			
 (Check if address is changed) 	Compliance@ABConsulting	DC.com		
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 07	14 / Y Y Y Y 2024			
3. FEC IDENTIFICATION	NUMBER ► C CC	00573709		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	I this Statement and to the best	of my knowledge and belief it i	is true, correct ar	d complete.
Type or Print Name of Treasu	urer Angerholzer, Lindsay, F., ,			
Signature of Treasurer Ar	ngerholzer, Lindsay, F., ,		Date 07	/ D D / Y Y Y Y 12 2024
NOTE: Submission of false, err	oneous, or incomplete information	may subject the person signing th FION SHOULD BE REPORTED V		e penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202407149653233614

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TYPE	OF COMMITTEE:		
Candi	idate Committee:		
(a)	This committee is a principal cam	paign committee. (Complete the candidate info	ormation below.)
(b)	This committee is an authorized c information below.)	ommittee, and is NOT a principal campaign o	committee. (Complete the candidate
Name Cand	e of didate		
		ffice ought: House Senate	President District
(c)	This committee supports/opposes	only one candidate, and is NOT an authorize	
Car	me of ndidate Committee: This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
			hepublicali, etc.) Faity
Politic (e)	cal Action Committee (PAC): This committee is a separate segr	egated fund. (Identify connected organization	on line 6.) Its connected organization is a
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this committee	ee is a Lobbyist/Registrant PAC.	
(f) 🗙	This committee supports/opposes committee. (i.e., nonconnected cor	more than one Federal candidate, and is NO nmittee)	T a separate segregated fund or party
	In addition, this committee	ee is a Lobbyist/Registrant PAC.	

X 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 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
 1.

С

2.

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Write or Type Committee Name	

CA LUV PAC (California Leadership United for Victory PAC)

6.	Name of Any Connected Or Aguilar, Pete, , ,	ganization, Affiliated	d Committee,	Joint	Fundra	aising	Representative,	, or Leadership	PAC Sponsor
	Mailing Address	PO Box 10954							
		San Bernardino						92423	
			CITY 🔺				STATE 🔺	ZI	P CODE 🔺
	Relationship: Connected	Organization Affili	ated Organizat	tion	Joir	nt Fundr	raising Represent	ative X Lea	dership PAC Sponsor

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

Angerholze	er, Lindsay, F., ,
Full Name	
Mailing Address	499 S. Capitol Street, SW
	Suite 420
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 609 284 4352

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 of Treasurer	Angerholzer, Lindsay, F., ,
Mailing Address	499 S. Capitol Street, SW
	Suite 420
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
	Image:

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

	Ba	nk of	An	neri	ica	, N	A												1										
Mailing Address			2	:01 F	Pen	nsyl	lvar	nia /	Ave	e, S	SE																<u> </u>		
			L																										
			ľ	Vasl	hing	ton																2000	03						
											Cľ	TΥ						\$ STA	ΤE					ZI	ΡC)E			
Name of Bank, D)epos	sitory,	etc.																										
Mailing Address			L																									1	
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			L																										
											Cľ	ΤY						\$ STA	ΤE					ΖI	ΡC)E			

FEC Form 1S (Revised 02/2017)

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

g) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	C
4.				FEC	ID number	С
	-	-	ted Committee, Joint	Fundraising F	epresentative	e, or Leadership PAC Sponsor
Ag	uilar Leadership Fu	n a				
	Mailing Address	499 S Capitol St S	W			
		Suit 420				
		Washington		1		20003
	Relationship:		CITY A		STATE A	
	Connected	Organization A	filiated Committee	 Joint Fundrais 	ing Representa	ative Leadership PAC Sponsor
Fu	ull Name					
М	ailing Address					
Т	TITLE OR POSITION	•	CITY A		STATE A	ZIP CODE
L				Telephone	Number	
safety Name	s or Other Depositori deposit boxes or main of Bank, sitory, etc.		r other depositories in	which the com	mittee deposit	s funds, holds accounts, rents
	Mailing Address					
				1		
					STATE A	

FEC Form 1S (Revised 02/2017)

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

g) or (h).	Joint Fundraising	g Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	C
	of Any Connected	Organization, Affilia	ted Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
ļ	Mailing Address	499 S Capitol St S	N			
		Suite 420				
		Washington		1		20003
[Relationship:				STATE	
	Connected	Organization	ffiliated Committee	 Joint Fundrais 	ina Represent	ative Leadership PAC Sponso
Desig	nated Agent: Identify	by name, address (phone number – optior	nal)		
	nated Agent: Identify	by name, address (phone number – optior	nal)		
Fu		by name, address (phone number – optior	nal)		
Fu	III Name	by name, address (phone number – optior	nal)		
Fu	III Name	by name, address (phone number – optior	nal)		
Fu	III Name		phone number – optior	nal)		
Fu	III Name			nal)		
Fu	III Name					
Fu Ma T Banks	III Name			Telephone	Number	
Fu Ma T Banks	III Name			Telephone	Number	
Fu Ma T Banks safety Name	III Name			Telephone	Number	ts funds, holds accounts, rents
Fu Ma T Banks safety Name	ailing Address			Telephone	Number	ts funds, holds accounts, rents
Fu Ma T Banks safety Name	Ill Name			Telephone	Number	ts funds, holds accounts, rents
Fu Ma T Banks safety Name	Ill Name			Telephone	Number	ts funds, holds accounts, rents