**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. Joanna Weiss for Congress PO Box 3122 ADDRESS (number and street) (Check if address is changed) Costa Mesa 92628 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address emma@joannaweissforcongress.com is changed) Optional Second E-Mail Address contact@beecompliance.co COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.joannaweissforcongress.com/ (Check if address is changed) DATE 2023 C00832584 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. Type or Print Name of Treasurer Weiss, Joanna,, 09 20 2023 Signature of Treasurer Weiss, Joanna, , , 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

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TYPE OF COMMITTEE:					
Candidate Committee:					
This committee is a principal campaign committee. (Complete the candidate information below.)					
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate Weiss, Joanna, , ,					
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State CA  District 47				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 47				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	cted organization is a:				
Corporation Corporation w/o Capital Stock Labor	· Organization				
	erative				
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 fund or pacommittee. (i.e., nonconnected committee)					
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
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					
1C					

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٧	Vrite or Type Committee Name	or Congress			
<u> </u>	Joanna Weiss fo	or Congress  rganization, Affiliated Committee, Joint Fundra	nising Representat	ive. or Leader	ship PAC Sponsor
	NONE	· • • • • • • • • • • • • • • • • • • •	nomg noproconta	, 55	
	Mailing Address				
		CITY A	STATE	<b>.</b>	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Join	t Fundraising Repre	sentative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) a	nd position of the pe	erson in possess	sion of committee
	Weiss, Joa	nna, , ,			_
	Full Name	70 70 70 70 70 70 70 70 70 70 70 70 70 7			
	Mailing Address	PO Box 3122			
		Costa Mesa	CA	92628	
		CITY ▲	STATE	<b>.</b>	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		ephone number	949 – _	629 4866
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the trea assistant treasurer).	surer of the comm	ittee; and the n	ame and address of
	Full Name Weiss, Joa of Treasurer	nna, , ,			1
		<sub>1</sub> PO Box 3122			
	Mailing Address				
		Costa Mesa	CA	92628	
		CITY ▲	STATE	<b>A</b>	ZIP CODE ▲
Title or Position ▼					
	Treasurer		ephone number	949	629 - 4866

FEC <b>Form</b>	(Revised 02/2009)		Page <b>4</b>				
Full Name of Designated							
Agent							
Mailing Address							
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲				
		elephone number					
	<b>Depositories:</b> List all banks or other depositories in which xes or maintains funds.	the committee deposits fun	ds, holds accounts, rents				
Name of Bank, I	Name of Bank, Depository, etc.						
	Amalgamated Bank						
Mailing Address	1825 K St NW						
	Washington	DC	20006				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				