**FEC** 

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pingree Victory Fund PO Box 17613 ADDRESS (number and street) (Check if address is changed) Portland 04112 ME CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@katzcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00842567 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Rand, Anne,, Date 80 02 2024 Signature of Treasurer Rand, Anne, , , 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

EC Form 1 (Revised 03/2022)		Page <b>2</b>
TYPE OF COMMITTEE:		
Candidate Committee:		
(a) This committee is a principal campaign committee. (Complete the candidate in	nformation b	pelow.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee.	(Complete the candidate
Name of Candidate		
Candidate Party Affiliation Office Sought: House Senate	Pr	State esident District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	zed committ	ee.
Name of Candidate		
Party Committee:		
(d) This committee is a (National, State or subordinate) committee of the		(Democratic, Republican, etc.) Party
Political Action Committee (PAC):		
Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization)	n on line 6.	) Its connected organization is a:
(c) This committee is a separate segregated fant. (assumy commerced organization	611 11116 6.	, no connected organization to a.
Corporation Corporation w/o Capital Stock		Labor Organization
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 N committee. (i.e., nonconnected committee)	OT a separ	ate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.		
In addition, this committee is a Leadership PAC. (Identify sponsor or	n 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-contribu	ution accou	nts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.		,
Joint Fundraising Representative:		
(i) X This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of	-	· · · · · · · · · · · · · · · · · · ·
(j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal	-	•
Committees Participating in Joint Fundraiser		
1. FARM TO TABLE PAC	C	C00840918
PINGREE FOR CONGRESS	С	C00433391

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		<del>-</del>
	Pingree Victory F	- und	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	_eadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possessi	on of committee
	Rand, Anne	), , ,	
	Mailing Address	PO Box 17613	
	J		
		Portland , ME , 04112	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	548
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
	Full Name Rand, Anne of Treasurer	9, , , 	
	Mailing Address	PO Box 17613	
		Portland ME 04112	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	548   -   0880

FEC <b>Form</b>	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated			
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		elephone number	
Banks or Other safety deposit b	<b>Depositories:</b> List all banks or other depositories in which oxes or maintains funds.	the committee deposits fur	nds, holds accounts, rents
Name of Bank,	Depository, etc.		
	Camden National Bank		
Mailing Address	5 Milk St		
	Portland	ME ME	04101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page	of	5
raue	UI	

(h). Joint Fundraisi	ng Participant:		
MAINE DEMOCRATION	PARTY	FEC ID number	C C00179408
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joir	nt Fundraising Representati	ve, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
			0022 _
Connecte	ad Organization Affiliated Committee  fy by name, address (phone number – opti	Joint Fundraising Represen	ntative Leadership PAC Spo
Connecte	od Organization Affiliated Committee	Joint Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identif	od Organization Affiliated Committee	Joint Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	od Organization Affiliated Committee	Joint Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	od Organization Affiliated Committee	Joint Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee  fy by name, address (phone number – opti	Joint Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee  fy by name, address (phone number – opti	Joint Fundraising Representational)	
Connecte  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  fy by name, address (phone number – option of the committee)  CITY   CITY   pries: List all banks or other depositories in aintains funds.	Joint Fundraising Representational)  STATE   Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the proposition of Bank, Depository, etc.	Affiliated Committee  fy by name, address (phone number – option of the committee)  CITY   CITY   pries: List all banks or other depositories in aintains funds.	Joint Fundraising Representational)  STATE   Telephone Number	ZIP CODE A