FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) AllVote 1110 N Virgil Ave ADDRESS (number and street) #375 (Check if address is changed) Los Angeles 90029 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@pocketbookstrategies.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2024 C00890376 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 Stanger, Howie,, Date 10 01 2024 Signature of Treasurer Stanger, Howie, , , 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: | | | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate information be | elow.) | | | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | |
| Name of Candidate | | | | | |
| Candidate Party Affiliation Office Sought: House Senate Pres | State sident District | | | | |
| (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 | (Democratic, Republican, etc.) Party | | | | |
| Political Action Committee (PAC): | | | | | |
| (e) This committee is a separate segregated 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 is a Lobbyist/Registrant PAC. | | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee) | te segregated 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. | | | | | |
| | | | (h) This committee is a political committee with both contribution and non-contribution account | s (Hybrid PAC). | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| Joint Fundraising Representative: | | | | | |
| This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal ca | · | | | | |
| 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 | | | | | |
| | | | | | |

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|----|--|---|-----------------------|
| W | rite or Type Committee Name | | |
| | AllVote | | |
| ŝ. | Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders | ship PAC Sponsor |
| | NONE | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | ъ | | |
| | Relationship: Connected | Organization | Leadership PAC Sponso |
| | | | |
| 7. | Custodian of Records: Identi books and records. | fy by name, address (phone number optional) and position of the person in possess | ion of committee |
| | Hall, Mo, R | udick | |
| | Full Name | | |
| | Mailing Address | 1110 N Virgil Ave | |
| | | #375 | |
| | | Los Angeles CA 90029 | |
| | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Custodian of Records | Telephone number | |
| 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 natissistant treasurer). | ame and address of |
| | Full Name Stanger, He | owie, , , | |
| | of Treasurer | | |
| | Mailing Address | 1110 N Virgil Ave | |
| | | #375 | |
| | | Los Angeles CA 90029 | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 929 |

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|--------------------------------|---|-----------------|---------------|--|--|--|--|
| Full Name of Designated | | | | | | | |
| Agent | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | |
| | | elephone number | | | | | |
| | 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, 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 ▲ | | | | |