

5. 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 candidate information below.)

Name of Candidate

Vasquez, Gabriel, , ,

Candidate Party Affiliation

DEM

Office Sought:

 House Senate President

State

NM

District

02

(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 segregated fund or party committee. (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 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

Gabe Vasquez for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****Gabe Vasquez Victory Fund**

Mailing Address

611 Pennsylvania Avenue SE

Suite 143

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership 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.

Full Name

Koob, Christopher, , ,

Mailing Address

611 Pennsylvania Avenue SE

Suite 143

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

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

Rubio, Rosy, , ,

Mailing Address

Drawer L

Mesilla

NM

88046

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

Full Name of
Designated
Agent

Koob, Christopher, , ,

Mailing Address

611 Pennsylvania Avenue SE

Suite 143

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

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.

Amalgamated Bank

Mailing Address

1825 K Street NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

New Mexico House Victory Fund 2026

<input type="text"/>
<input type="text"/>

Mailing Address

600 Pennsylvania Ave SE

Unit 15180

Washington

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

<input type="text"/>

Mailing Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>

Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

<input type="text"/>

Mailing Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Democracy Summer 2026

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Majority Fund

<input type="text"/>
<input type="text"/>

Mailing Address

611 Pennsylvania Ave SE

Suite 143

Washington

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Jeffries Battleground Protection Fund

Mailing Address

430 South Capitol St SE

2nd Floor

Washington

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. [REDACTED]	FEC ID number
2. [REDACTED]	FEC ID number
3. [REDACTED]	FEC ID number
4. [REDACTED]	FEC ID number

C [REDACTED]
C [REDACTED]
C [REDACTED]
C [REDACTED]

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Clark Frontline Victory Fund

[REDACTED]
[REDACTED]

Mailing Address

600 Pennsylvania Ave SE #15180

[REDACTED]
[REDACTED]

Washington

DC

20003

STATE ▲

ZIP CODE ▲

Relationship:

CITY ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name [REDACTED]

Mailing Address [REDACTED]

[REDACTED]
[REDACTED]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[REDACTED]	Telephone Number [REDACTED]-[REDACTED]-[REDACTED]
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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. [REDACTED]

Mailing Address [REDACTED]

[REDACTED]
[REDACTED]

CITY ▲

STATE ▲

ZIP CODE ▲