FEC

Only

STATEMENT OF

PAGE 1 / 10 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ken Calvert for Congress Committee PO BOX 2438 ADDRESS (number and street) (Check if address is changed) Corona 92878 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaign-compliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.calvertforcongress.com (Check if address is changed) DATE 2024 C00257337 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 Vasels, Nicholas C.,, Vasels, Nicholas C., , , Date 02 09 2024 Signature of Treasurer 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

_	
FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Cor information below.)	mplete the candidate
Name of Calvert, Ken, , , Candidate	
Candidate Party Affiliation REP Office Sought: House Senate Preside	State CA ent District 41
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 41
Name of Candidate	
Party Committee:	
(Mational, State (De	emocratic, epublican, 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:
Corneration w/o Conited Stock	Labor Organization
Corporation Corporation w/o Capital Stock Membership Organization Trade Association	Labor Organization Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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) 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 (h	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 committees/organizations, at least one of which is an authorized committee of a federal candid	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1. , , , , , , , , , , , , , , , , , ,	

1	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name Ken Calvert for C	Congress Committee		
6.		ganization, Affiliated Committee, Joint Fundraising	Representati	ve, or Leadership PAC Sponsor
	Calvert Victory Fund			1
	Mailing Address	PO Box 30844		
		Bethesda	MD	20824
		CITY A	STATE	▲ ZIP CODE ▲
	Relationship: Connected		draising Represe	
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and pos	sition of the per	son in possession of committee
	Clatar Ian			
	Slater, Jen, Full Name	,, 		
	Mailing Address	9070 Irvine Center Drive		
		Suite 150		
		Irvine	CA	92618
		CITY	CTATE	▲ ZIP CODE ▲
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Custodian of Records	Telephon	ne number	949 - 858 - 7448
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer assistant treasurer).	of the committ	ee; and the name and address of
		holas C., , ,		
	of Treasurer			
	Mailing Address	PO Box 2438		
		Corona	CA	92878
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephon	ne number	949 - 823 - 1867

FEC For i	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Addre	ss		
		STATE ▲	ZIP CODE ▲
Title or Position	on ▼		
	Telephone num	ber	
safety deposit	Depositories: List all banks or other depositories in which the committee boxes or maintains funds. A. Depository, etc.	e deposits fur	nds, holds accounts, rents
	Citizens Business Bank	1 1 1 1	
Mailing Addres	225 West Sixth Street		
	Corona	CA	92882
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank	x, Depository, etc.		
	Middletown Valley Bank		
Mailing Addres	24 W Main Street		
	Middletown	MD	21769
	CITY A	STATE A	ZIP CODE ▲

Paga	of	10	
Page	OI		

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
PROTECT THE HO	I Organization, Affiliated Committee, Joint Fund JSE 2024	raising Hepresentative	e, or Leadersnip PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and the control of the control o	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee	STATE A	ZIP CODE A

	_	10	
Page	of		

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
_	l Organization, Affiliated Committee, Joint Fund JSE CALIFORNIA 2024	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
<u>G</u>			
	BETHESDA	MD	20824
	OITV.	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	t Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee		
Connected Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite that the property deposite boxes or many that the property deposite the property deposite the property deposited boxes or many that	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Designation of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A

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

Page ___ **of** ____

1.		_	
. 1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
	228 S Washington Street #115		
Mailing Address			
	Alexandria	, VA	22314
			ZIP CODE A
Relationship:	CITY A	STATE ▲	ZIP CODE A
Connected Pesignated Agent: Identify		oint Fundraising Represent	
Connected	d Organization Affiliated Committee X J	oint Fundraising Represent	
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee X J	oint Fundraising Represent	
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee X J y by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee X J y by name, address (phone number – optional)	oint Fundraising Represent	

D	-4	10	
Page	of	10	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	or Leadership PAC Spon
EMMER MAJORITY	BUILDERS		
	824 S. MILLEDGE AVE. STE. 101		
Mailing Address			
	ATHENS	L GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	funds, holds accounts, ren
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	funds, holds accounts, rent

	_	10	
Page	of		

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fundamental Fundament	draising Representative	e, or Leadership PAC Spons
SCALISE LEADERS	SHIP FUND 2024		
Mailing Address	320 1ST ST SE		<u> </u>
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint J	nt Fundraising Representa	auve Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Spi
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Spi
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Spi
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A

	_	10	
Page	of		

. 1				
1.		FEC ID	number	C
2.		FEC ID	number	C
3.		FEC ID	number	C
4.		FEC ID	number	С
Name of Any Connecte	ed Organization, Affiliated Committee, Jo	int Fundraising Rep	resentative	, or Leadership PAC Spons
AMERICAN BATTI	EGROUND FUND			
			1 1 1	1 1 1 1 1 1 1 1 1 1
	DO DOV 00044			
Mailing Address	PO BOX 30844			
	BETHESDA		MD	20824
			OT4TE :	ZIP CODE ▲
	cted Organization	X Joint Fundraising	STATE ▲ Representa	
Connec	eted Organization Affiliated Committee			
Connection Connectica Connection	eted Organization Affiliated Committee			
Connect Connec	eted Organization Affiliated Committee			
Connect Connec	eted Organization Affiliated Committee			
Designated Agent: Ider Full Name Mailing Address	Affiliated Committee tify by name, address (phone number – op	otional)		
Connect Connec	Affiliated Committee tify by name, address (phone number – op	otional)	Representa	tive Leadership PAC Sp