Only

PAGE 1 / 10 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Katie Porter For Congress PO Box 5176 ADDRESS (number and street) (Check if address is changed) Irvine 92617 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address porter@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://katieporter.com/ (Check if address is changed) DATE 05 2022 C00636571 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. Warren, Alexander, , , Type or Print Name of Treasurer Warren, Alexander, , , [Electronically Filed] 05 05 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Fo                | rm 1 (Revised 02/2009)   | Page <b>2</b>            |
|-------------|-----------------------|--|--------------------------|
|             |                       | 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. (Compinformation below.)   | elete the candidate      |
| Nam<br>Cand | e of<br>didate        | Porter, Katherine, , ,   |                          |
|             | didate<br>y Affiliati | on DEM Office Sought: X House Senate President   | State CA District 47     |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                          |
| Nam<br>Cand | e of<br>didate        |  |                          |
| Par         | ty Con                | nmittee:  (National, State   | Democratic,              |
| (d)         |                       | · · · · · · · · · · · · · · · · · · ·  | Republican, etc.) Party. |
| Poli        | itical A              | action Committee (PAC):  |                          |
| (e)         |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.   | nected 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 secommittee. (i.e., nonconnected committee)   | gregated 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.)   |                          |
| Join        | nt Func               | draising Representative:   |                          |
| (g)         |                       | 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      |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political      |
|             | Com                   | mittees Participating in Joint Fundraiser  |                          |
|             | 1.                    | FEC ID number  |                          |
|             | 2.                    | FEC ID number  |                          |
|             | 3.                    |  |                          |
|             | Δ                     |  |                          |

| FEC <b>Form 1</b> (Revised                             | H 02/2009)   | Page <b>3</b>                    |
|--|--|----------------------------------|
| Write or Type Committee Nan                            |  | r age 3                          |
| Katie Porter Fo  |  |                                  |
|  |  | and and analog DAC Changes       |
| •  | Organization, Affiliated Committee, Joint Fundraising Representative, of                         | or Leadership PAC Sponsor        |
| California Candidates                                  | s Victory Fund   |                                  |
|  |  |                                  |
| Mailing Address  | 777 S. Figueroa St.  |                                  |
| J  | Suite 4050   |                                  |
|  | Los Angeles CA   | 90017                            |
|  | CITY STATE   | ZIP CODE                         |
| Relationship: Connect                                  | ted Organization Affiliated Committee Joint Fundraising Representat                              | Leadership PAC Sponsor           |
| Custodian of Records: Ide books and records.           | lentify by name, address (phone number optional) and position of the pe                          | erson in possession of committee |
| Mele, Ste  | even, , ,  | 1                                |
| Full Name  | 611 Pennsylvania Avenue SE   |                                  |
| Mailing Address  | Ste. 143   |                                  |
|  | Washington   | 20003                            |
|  |  |                                  |
| Title or Position                                      | CITY STATE   | ZIP CODE                         |
| Assistant Treasurer                                    | Telephone number   |                                  |
| Treasurer: List the name a any designated agent (e.g., | and address (phone number optional) of the treasurer of the committee; and assistant treasurer). | and the name and address of      |
|  | Alexander, , ,   |                                  |
| of Treasurer   | PO Box 5176  |                                  |
| Mailing Address  |  |                                  |
|  |  |                                  |
|  | Irvine   | 92617                            |
| Title or Position Treasurer                            | CITY STATE  Telephone number   | ZIP CODE                         |
|  |  |                                  |

| Full Name of<br>Designated<br>Agent | Mele, Steven, , ,   |              |
|-------------------------------------|---|--------------|
| Mailing Address                     | 611 Pennsylvania Avenue SE  |              |
|                                     | Ste. 143  |              |
|                                     | Washington DC 20003  CITY STATE ZIP C   | ODE          |
| Title or Position Assistant Treasu  |   |              |
| Banks or Other                      | Depositories: List all banks or other depositories in which the committee deposits funds, holds according                                 | ounts, rents |
| Name of Bank, D                     |   |              |
|                                     |   |              |
| Name of Bank, D                     | Depository, etc.  Amalgamated Bank  |              |
| Name of Bank, D                     | Depository, etc.  Amalgamated Bank  |              |
| Name of Bank, D                     | Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  DC 20006  | CODE         |
| Name of Bank, D                     | Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP C  |              |
| Name of Bank, D                     | Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP C  Depository, etc.  SchoolsFirst Federal Credit Union |              |
| Name of Bank, D                     | Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP C Depository, etc.                                     | CODE         |
| Mailing Address  Name of Bank, E    | Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP C  Depository, etc.  SchoolsFirst Federal Credit Union | CODE         |

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

| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number   |  | FEC ID number  | C  |
|--|--|--|--|
| TITLE OR POSITION ▼  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Son Mailing Address  FEC ID number  C TELED SPOSITION FOR Spot Spot Spot Spot Spot Spot Spot Spot  |  | FEC ID number  | C  |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo Lofgren Victory Fund  Mailing Address  c'o Contribution Solutions LLC  1346 The Alameda #7-380  San Jose  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Section Fundraising Representative, or Leadership PAC Section Fundraising Representative, or Leadership PAC Section Funds Funds Fundraising Representative, or Leadership PAC Section Funds Fund  |  | FEC ID number  | C  |
| Lofgren Victory Fund  Mailing Address  C/o Contribution Solutions LLC  1346 The Alameda #7-380  San Jose  CA   |  | FEC ID number  | С  |
| Lofgren Victory Fund  Mailing Address  C/o Contribution Solutions LLC  1346 The Alameda #7-380  San Jose  CA   |  |  |  |
| Address    1346 The Alameda #7-380     San Jose  | _  | Iraising Representative  | , or Leadership PAC Spon   |
| San Jose    San Jose   |  |  |  |
| San Jose    San Jose   |  |  |  |
| Relationship:  CITY A STATE A ZIP CODE A  Connected Organization Affiliated Committee  Joint Fundraising Representative Leadership PAC s  esignated Agent: Identify by name, address (phone number – optional)  Full Name  | c/o Contribution Solutions LLC                                     |  |  |
| Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee   Joint Fundraising Representative  Leadership PAC state    Till Name  Mailing Address  Till Page    STATE A  ZIP CODE A  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  STATE A  ZIP CODE A  Telephone Number  Telephone Number  STATE A  ZIP CODE A  Telephone Number  Telephone Number  Telephone Number  STATE A  ZIP CODE A  Telephone Number  Telephone Number  STATE A  ZIP CODE A  Telephone Number  | 1346 The Alameda #7-380  |  |  |
| Connected Organization   | San Jose   | CA L   | 95126  |
| esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A STATE A ZIP CODE A  Telephone Number — — — — — — — — — — — — — — — — — — —  | CITY ▲   | STATE ▲  | ZIP CODE ▲   |
| TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Woodsboro Bank  Expository, etc.  Mailing Address  STATE ▲  STATE A    | by name, address (phone number – optional)                         |  |  |
| Telephone Number  Telephone Nu |  |  |  |
| Telephone Number  Telephone Nu |  |  |  |
| Telephone Number  Telephone Nu |  |  |  |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relatety deposit boxes or maintains funds.  ame of Bank, epository, etc.  Mailing Address  Telephone Number  |  |  |  |
| afety deposit boxes or maintains funds.  ame of Bank, Woodsboro Bank epository, etc.  Mailing Address  5 N Main St   | CITY A   | STATE A  | ZIP CODE A   |
| afety deposit boxes or maintains funds.  ame of Bank, epository, etc.  Mailing Address  5 N Main St  | •  |  | ZIP CODE A   |
| epository, etc5 N Main St  Mailing Address5 U Main St  | <u>                                     </u>                       | Telephone Number   |  |
| Mailing Address   5 N Main St  | ies: List all banks or other depositories in which                 | Telephone Number   |  |
|  | ries: List all banks or other depositories in which intains funds. | Telephone Number   |  |
| Woodshoro . MD . 21798   | ries: List all banks or other depositories in which intains funds. | Telephone Number   |  |
|  | ries: List all banks or other depositories in which intains funds. | Telephone Number   |  |
| anks or Other Depositor afety deposit boxes or main arme of Bank, woods epository, etc.  |  | c/o Contribution Solutions LLC  1346 The Alameda #7-380  San Jose  CITY   Organization  Affiliated Committee | FEC ID number  FEC ID number  FEC ID number  Organization, Affiliated Committee, Joint Fundraising Representative  Ind  c/o Contribution Solutions LLC  1346 The Alameda #7-380  San Jose  CITY A STATE A  Organization Affiliated Committee |

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

| h). <b>Joint Fundraisi</b>   |   | FEC ID number            | C                         |
|--|---|--------------------------|---------------------------|
| 2.   |   | FEC ID number            | С                         |
| 3.   |   | FEC ID number            | С                         |
|  |   | FEC ID number            | С                         |
| 4.   |   |                          |                           |
| ame of Any Connected   | l Organization, Affiliated Committee, Joint Fund  | raising Representative   | e, or Leadership PAC Spon |
| Takano California  | a Wave  |                          |                           |
|  |   |                          |                           |
| Marilia a Autologa   | PO Box 15320  |                          |                           |
| Mailing Address  |   |                          |                           |
|  | Washington  | , DC                     | 20003                     |
| Data Consider  |   |                          |                           |
| Relationship:  | CITY ▲  | STATE ▲                  | ZIP CODE ▲                |
|  | Affiliated Committee X Joint fy by name, address (phone number – optional)  | t Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identi  |   | t Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identi  |   | t Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identi  |   | t Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identi  |   | t Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identi  | fy by name, address (phone number – optional)   | t Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  CITY   |                          |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   To  | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mail to the control of the contr | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,  | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which | 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   | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which | 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   | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |

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

|  | ng Participant:  |  |                            |
|--|--|--|----------------------------|
| 1.   |  | FEC ID number                                | C                          |
| 2.   |  | FEC ID number                                | C                          |
| 3  |  | FEC ID number                                | C                          |
| 4.   |  | FEC ID number                                | C                          |
| lame of Any Connected Katie Porter Victo   | Organization, Affiliated Committee, Joint Fun                | ndraising Representative                     | e, or Leadership PAC Spons |
|  |  |  |                            |
| Mailing Address  | 611 Pennsylvania Ave SE                                      | 1   1   1   1   1                            |                            |
|  | Ste 143  | <u>                                     </u> | <u> </u>                   |
|  | Washington   | DC   | 20003                      |
| Relationship:  | CITY ▲   | STATE ▲                                      | ZIP CODE ▲                 |
|  |  |  |                            |
| esignated Agent: Identif   | y by name, address (phone number – optional)                 |  |                            |
|  | y by name, address (phone number – optional)                 |  |                            |
| Full Name  | y by name, address (phone number – optional)                 |  |                            |
| Full Name  | y by name, address (phone number – optional)                 |  |                            |
| Full Name  | CITY A   | STATE 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 defety deposit boxes or mane of Bank,                | CITY A  pries: List all banks or other depositories in which | Telephone Number                             |                            |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite defety deposit boxes or mane of Bank,                | CITY A  pries: List all banks or other depositories in which | Telephone Number                             |                            |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A  pries: List all banks or other depositories in which | Telephone Number                             |                            |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A  pries: List all banks or other depositories in which | Telephone Number                             |                            |

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

| (h). <b>Joint Fundraisin</b>  |   | FEC ID number          | C                         |
|---|---|------------------------|---------------------------|
| 2.  |   | FEC ID number          | C                         |
| 3.  |   | FEC ID number          | С                         |
|   |   | FEC ID number          | С                         |
| 4.  |   |                        |                           |
| -   | Organization, Affiliated Committee, Joint Fundr                       | aising Representative  | e, or Leadership PAC Spon |
| Nadler Victory Fu   | nd<br>  |                        |                           |
|   |   |                        |                           |
| Mailing Address   | 200 W 79th St   |                        |                           |
| aig /taa.ooo  | #8N   |                        |                           |
|   | New York  | NY                     | 10024                     |
| Relationship:   | CITY A  | STATE ▲                | ZIP CODE ▲                |
| Connected   | 1 Organization Affiliated Committee X Joint                           | Fundraising Representa | ative Leadership PAC Sp   |
|   | Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Representa | Leadership PAC Sp         |
| esignated Agent: Identify   |   | Fundraising Representa | Leadership PAC Sp         |
| esignated Agent: Identify   |   | Fundraising Representa | ative Leadership PAC Sp   |
| esignated Agent: Identify   |   | Fundraising Representa | Leadership PAC Sp         |
| esignated Agent: Identify  Full Name  | by name, address (phone number – optional)                            | Fundraising Representa | Leadership PAC Sp         |
| esignated Agent: Identify   | by name, address (phone number – optional)  CITY                      |                        |                           |
| esignated Agent: Identify  Full Name  | by name, address (phone number – optional)  CITY   CITY   Te          | STATE A                | ZIP CODE A                |
| esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintenance. | by name, address (phone number – optional)  CITY   CITY   Te          | STATE A                | ZIP CODE A                |
| esignated Agent: Identify  Full Name  | by name, address (phone number – optional)  CITY   CITY   Te          | STATE A                | ZIP CODE A                |
| esignated Agent: Identify  Full Name  | by name, address (phone number – optional)  CITY   CITY   Te          | STATE A                | ZIP CODE A                |
| Full Name   | by name, address (phone number – optional)  CITY   CITY   Te          | STATE A                | ZIP CODE A                |

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

| h). <b>Joint Fundraisi</b>   |  |                         |                           |
|--|--|-------------------------|---------------------------|
| 1.   |  | FEC ID number           | C                         |
| 2.   |  | FEC ID number           | С                         |
| 3.   |  | FEC ID number           | С                         |
| 4.   |  | FEC ID number           | C                         |
|  |  |                         |                           |
|  | Organization, Affiliated Committee, Joint Fund   | raising Representative  | e, or Leadership PAC Spon |
| Democracy Defe   | naers<br>  |                         |                           |
|  |  |                         |                           |
| Martin Address   | 600 Pennsylvania Ave SE #15180   |                         |                           |
| Mailing Address  |  |                         |                           |
|  | Western  |                         | 20002                     |
|  | Washington   | DC DC                   | 20003                     |
| Relationship:  | CITY ▲   | STATE ▲                 | ZIP CODE ▲                |
|  | Affiliated Committee  Join   fy by name, address (phone number – optional)   | t Fundraising Represent | ative Leadership PAC Sp   |
|  |  | t Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   |  | t Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   |  | t Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   |  | t Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   | fy by name, address (phone number – optional)  | t Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identii  Full Name    Mailing Address   | fy by name, address (phone number – optional)  CITY  |                         |                           |
| esignated Agent: Identification  Full Name   | fy by name, address (phone number – optional)  CITY   T  | STATE A                 | ZIP CODE A                |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management are of Bank,      | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management are of Bank,      | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.                                | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |

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

FEC Form 1S (Revised 02/2017)

| esignated Agent: Identify by name, address (phone number – optional)  Full Name   Mailing Address   | n). <b>Joint Fundraisi</b> r  | ig Participant:  |                            |                            |
|---|---|--|----------------------------|----------------------------|
| 3.  | 1.  |  | FEC ID number              | С                          |
| At leadership PAC Spo Neguse Porter Victory Fund  Mailing Address  611 Pennsylvania Ave SE  Suite 143  Washington  Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee    Joint Fundraising Representative    Leadership PAC Spo  Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Tille OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number    Tille OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number    Tille OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number    Tel | 2.  |  | FEC ID number              | С                          |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spo Neguse Porter Victory Fund  Mailing Address  611 Pennsylvania Ave SE  Suite 143  Washington  Pelationship:  Connected Organization  Affiliated Committee  Joint Fundralsing Representative  Leadership PAC Section 1  Leadership PAC Section 2  Leadership PAC Section 3  Leadership PAC Section 3  Leadership PAC Section 3  Leadership PAC Section 3  Leadership PAC Section 4  Title OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Title OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Title OR Position 1  Telephone Number  Title OR Position 3  Telephone Number  Title OR Position 4  Telephone Number  |   |  | FEC ID number              | C                          |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo Neguse Porter Victory Fund  Mailing Address  611 Pennsylvania Ave SE  Suite 143  Washington  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Seponder Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  Title OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Title OR Positions: List all banks or other depositories in which the committee deposits funds, holds accounts, refery deposit boxes or maintains funds.  ame of Bank, apository, etc.   |   |  | FEC ID number              | C                          |
| Neguse Porter Victory Fund  Mailing Address  611 Pennsylvania Ave SE  Suite 143  Washington  Pelationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC sesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number   | 4.  |  |                            |                            |
| Mailing Address    611 Pennsylvania Ave SE  | ame of Any Connected  | Organization, Affiliated Committee, Joint  | Fundraising Representative | ve, or Leadership PAC Spor |
| Suite 143  Washington  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC sesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number   | Neguse Porter Vi  | ctory Fund   |                            |                            |
| Suite 143  Washington  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC sesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number   |   |  |                            |                            |
| Suite 143  Washington  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC sesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number   |   | ∟ 611 Pennsylvania Ave SF  |                            |                            |
| Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC sesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  | Mailing Address   |  |                            |                            |
| Relationship:  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC s  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY A  STATE A  ZIP CODE A  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Starts or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, refety deposit boxes or maintains funds.   |   | Suite 143  |                            |                            |
| Connected Organization  Affiliated Committee  |   | Washington   | DC                         | 20003                      |
| Pasignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  | Relationship:   | CITY ▲   | STATE A                    | ZIP CODE ▲                 |
| Pasignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  |   |  |                            |                            |
| TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  |   |  |                            | tative Leadership PAC S    |
| TITLE OR POSITION ▼  CITY ▲  Telephone Number   | esignated Agent: Identif  |  |                            | tative Leadership PAC S    |
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| TITLE OR POSITION   Telephone Number  | esignated Agent: Identif  |  |                            | tative Leadership PAC S    |
| Telephone Number  | esignated Agent: Identif  | y by name, address (phone number – option  | nal)                       | tative Leadership PAC S    |
| ame of Bank, epository, etc.  | esignated Agent: Identif  | by by name, address (phone number – option   | nal)                       |                            |
|   | esignated Agent: Identif  | by by name, address (phone number – option   | nal)  STATE                |                            |
| Mailing Address  LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or m                             | y by name, address (phone number – option  CITY ▲  CITY ▲  Pries: List all banks or other depositories in the second content of the content | STATE A Telephone Number   | ZIP CODE A                 |
|   | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,                 | y by name, address (phone number – option  CITY ▲  CITY ▲  Pries: List all banks or other depositories in the second content of the content | STATE A Telephone Number   | ZIP CODE A                 |
|   | Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.  | y by name, address (phone number – option  CITY ▲  CITY ▲  Pries: List all banks or other depositories in the second content of the content | STATE A Telephone Number   | ZIP CODE A                 |
|   | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc. | y by name, address (phone number – option  CITY ▲  CITY ▲  Pries: List all banks or other depositories in the second content of the content | STATE A Telephone Number   | ZIP CODE A                 |