STATEMENT OF

PAGE 1 / 9 =

| FEC FORM 1 | | ORG | ANIZA | ATIO | N | | | | | | | | | |
|---|----------------|--|-----------------|----------|--|-----------------------|-----------|------------|---------|--------|---------|-------------|--------|--------|
| | | | | | | | | | | Office | Use Or | nly | | |
| NAME OF COMMITTEE (in | full) | (Check is chan | if name ged) | | ole:If typing ne lines. | g, type | 12 | 2FE4 | ₽M5 | | | | | |
| Josh Harder | for Cor | ngress | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ADDRESS (number a | nd street) | PO Box 4220 | | | | | | | | | | | | |
| (Check if a is changed | | | | | | | | | | | | | | |
| io onangeo | •) | Manteca □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | | | A ATE ▲ | L | 95337 | | -[IP CO | DE 🛦 | |
| COMMITTEE'S E-MA | AIL ADDRES | SS | | | | | | | | | | | | |
| (Check if a is changed | | harder@acuity | politics.com | | | | | | | | | | | |
| _ | | Optional Secon | d E-Mail Add | dress | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| COMMITTEE'S WEB (Check if a is changed | address | RESS (URL) www.harderforco | ongress.com | | | | | | | | | | | |
| 2. DATE 03 | 3 / 06 | 2025 | Y | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ | C co | 00639146 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEW (N) | OR | × | AMEND | ED (A) | | | | | | | | |
| I certify that I have e | examined thi | s Statement and | to the best | of my kn | owledge ar | nd belief | it is tru | ie, coi | rrect a | and co | omplete |). | | |
| Type or Print Name | of Treasurer | Roberson, John | 1, , , | | | | | | | | | | | |
| Signature of Treasure | er Rober | son, John, , , | | | | | Date | | M M M | 1 | 13 | / Y | 2025 | |
| NOTE: Submission of | false, erroned | ous, or incomplete | | | | | | | | | nalties | of 52 | U.S.C. | §30109 |
| Office Use Only | | | | F | or further in ederal Election oll Free 800-4 ocal 202-694 | on Commis 124-9530 | | : | | | EC F | | | |

| EC 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. (Complete th information below.) | e candidate |
| Name of Candidate Harder, Josh, , , | |
| Candidate Party Affiliation DEM Office Sought: House Senate President | State CA District 09 |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | Biotriot |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the Republican, | • |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: |
| Corporation Corporation w/o Capital Stock Labor O | rganization |
| Membership Organization Trade Association Coopera | tive |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | d 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 (Hybrid PA | AC). |
| 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 o committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate. | r more political |
| Committees Participating in Joint Fundraiser | |
| 1 | |

| I | FEC Form 1 (Revised | 02/2009) | Page 3 |
|----|---|---|------------------------------------|
| ۷ | Vrite or Type Committee Name | | |
| 6. | Josh Harder for | CONGRESS Organization, Affiliated Committee, Joint Fundraising Representat | tive, or Leadership PAC Sponsor |
| Ο. | LOFGREN VICTOR | | ive, or Education P 1 Ac oponion |
| | | | |
| | | | |
| | Mailing Address | C/O CONTRIBUTION SOLUTIONS, LLC | |
| | | 1346 THE ALAMEDA #7-380 | |
| | | SAN JOSE CA | 95126 |
| | | CITY ▲ STATE | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization X Joint Fundraising Repres | |
| | Tiolationomp. | 7 John Fundaling Representation | Ecadoromp 1710 Oponio |
| 7. | Custodian of Records: Identification books and records. | tify by name, address (phone number optional) and position of the pe | erson in possession of committee |
| | Roberson | John, , , | |
| | Full Name | 1030 15th St NW | |
| | Mailing Address | 1000 13111 31 1444 | |
| | | #404 | |
| | | Washington | |
| | | CITY ▲ STATE | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | Telephone number | 202 240 7451 |
| 8. | any designated agent (e.g., | | ittee; and the name and address of |
| | Full Name Roberson of Treasurer | John, , , | |
| | Mailing Address | 1030 15th St NW | |
| | Maining Address | #404 | |
| | | Washington | 20005 |
| | | | |
| | Title or Position ▼ | CITY ▲ STATE | ZIP CODE ▲ |
| | Treasurer | | 202 240 7451 |

| FEC Form 1 | (Revised 02/2009) | Page 4 |
|-------------------------------------|--|--------------------------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| T11 D 11 | | ATE ▲ ZIP CODE ▲ |
| Title or Position | | |
| | Telephone number | |
| . Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the committee decreases or maintains funds. | eposits funds, holds accounts, rents |
| Name of Bank, D | Depository, etc. | |
| | Bank of America | |
| Mailing Address | 1601 I Street | |
| | | |
| | Modesto | CA 95354 |
| | CITY ▲ STA | ATE ▲ ZIP CODE ▲ |
| Name of Bank, D | Depository, etc. | |
| | Amalgamated Bank | |
| Mailing Address | 1825 K St NW | |
| | | |
| | Washington | DC 20006 - - - |
| | CITY ▲ STA | ATE ▲ ZIP CODE ▲ |

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

Page ___ **of** 9___

| | ng Participant: | | |
|--|---|------------------------------|----------------------------|
| 1 | | FEC ID number | С |
| 2 | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| lame of Any Connected | d Organization, Affiliated Committee, Joint Fundr | aising Representative | e, or Leadership PAC Spons |
| JOSH HARDER VIC | CTORY FUND | | |
| | | | |
| | | | |
| Mailing Address | 1030 15th St NW | | |
| | #404 | | |
| | WASHINGTON | l DC l | 20005 |
| | | | ZIP CODE ▲ |
| Relationship: | CITY A | STATE A | |
| Connect | CITY ▲ ed Organization | STATE Fundraising Represent | |
| Connect | ed Organization Affiliated Committee X Joint | | |
| Connect Designated Agent: Ident | ed Organization Affiliated Committee X Joint | | |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Joint | | |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Joint | | |
| Connect Designated Agent: Ident Full Name Mailing Address | ed Organization Affiliated Committee X Joint ify by name, address (phone number – optional) | | |
| Connect Designated Agent: Ident Full Name | ed Organization | Fundraising Representation | ative Leadership PAC Spo |

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| Page | of ⁹ | |

| 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 |
| | | | |
| ame of Any Connected | l Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Spon |
| DEMOCRACY SUM | MER 2026 | | |
| | | | |
| Mailing Address | 600 PENNSYLVANIA AVE SE #15180 | | |
| · | | | |
| | WASHINGTON | DC | 20003 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| Connecte | ed Organization Affiliated Committee X Join | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | ed Organization Affiliated Committee X Join fy by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | st Fundraising Representation | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | STATE A | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit | fy by name, address (phone number – optional) CITY CITY Ories: 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 of the control of t | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which naintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management. | fy by name, address (phone number – optional) CITY CITY Ories: 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 mame of Bank, Come | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which naintains funds. | STATE A | 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 naintains funds. rica Bank | STATE A | 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 naintains funds. rica Bank | STATE A | ZIP CODE A |

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| raue | OI . | |

| (h). Joint Fundrais | ing Participant. | | |
|--|--|--|-----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| Name of Any Connected | d Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Sponso |
| CALIFORNIA HOUS | SE MAJORITY FUND | | |
| | | | |
| Mailing Address | 1 M STREET SE | | |
| | SUITE 275 | | |
| | WASHINGTON | DC | 20003 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connect | | t Fundraising Representa | ative Leadership PAC Spo |
| Connect | ed Organization Affiliated Committee X Join | t Fundraising Representa | Leadership PAC Spo |
| Connect Designated Agent: Ident | ed Organization Affiliated Committee X Join | t Fundraising Representa | Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Join | t Fundraising Representa | Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Join | t Fundraising Representa | Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Join ify by name, address (phone number – optional) | t Fundraising Representation | Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name Mailing Address | ed Organization Affiliated Committee X Join ify by name, address (phone number – optional) CITY | | |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION | ed Organization Affiliated Committee X Join ify by name, address (phone number – optional) CITY ▲ CITY ▲ Tories: List all banks or other depositories in which naintains funds. | STATE A | ZIP CODE A |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxed or | ed Organization Affiliated Committee X Join ify by name, address (phone number – optional) CITY ▲ CITY ▲ Tories: List all banks or other depositories in which naintains funds. | STATE A elephone Number the committee deposit | ZIP CODE A |

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| Page | of ⁹ |

| h). Joint Fundraisi | ng Participant: | | |
|--|--|--------------------------|----------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | | |
| - | Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spons |
| FRONTLINE PROTE | -CTION FUND | | |
| | | | |
| Mailing Address | PO BOX 65322 | | <u> </u> |
| | | | |
| | WASHINGTON | DC | 20035 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecte esignated Agent: Identi | Affiliated Committee X Join fy by name, address (phone number – optional) | | |
| | | | tive Leadership PAC Sp |
| esignated Agent: Identi | | | |
| esignated Agent: Identi | | | |
| esignated Agent: Identi | | | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY | 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 CITY Dries: 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 | city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma | city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | 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 | city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | 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 | city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |

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| Page | of ⁹ |

| h). Joint Fundraising | Participant: | | |
|------------------------|---|-----------------------------|------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | | |
| ame of Any Connected (| Organization, Affiliated Committee, Joint I | Fundraising Representativ | e, or Leadership PAC Sponsor |
| JEFFRIES BATTLEGF | ROUND PROTECTION FUND | | |
| | | | |
| | | | |
| Mailing Address | 430 SOUTH CAPITOL STREET SE | | |
| | 2ND FLOOR | | |
| | WASHINGTON | DC | 20003 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| П | | Joint Fundraising Represent | |
| | | | |
| Full Name | <u> </u> | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | | |
| TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ Telephone Number | ZIP CODE 🛦 |