FEC

Only

STATEMENT OF

PAGE 1/9

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gillibrand for Senate 124 Washington St. ADDRESS (number and street) Suite 101 (Check if address is changed) Foxboro 02035 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cjgrover@vlpc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kirstengillibrand.com (Check if address is changed) DATE 05 2022 C00413914 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. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 05 12 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 Form 1 (Revised 02/2009)	Page 2
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 prin information below.) Name of Condidate Gillibrand, Kirsten, , ,	ncipal campaign committee. (Complete the candidate
Candidate Candidate Party Affiliation DEM Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is	NOT an authorized committee.
Name of Candidate	
Party Committee: (National, State	(Democratic,
(d) This committee is a or subordinate) comm	` '
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connection)	cted organization on line 6.) Its connected organization is a
Corporation	n w/o Capital Stock Labor Organization
Membership Organization Trade Asso	ociation Cooperative
In addition, this committee is a Lobbyist/Registra	ant PAC.
(f) This committee supports/opposes more than one Federal cancommittee. (i.e., nonconnected committee)	didate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify	y sponsor on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses committees/organizations, at least one of which is an authorized	·
(h) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized commit	
Committees Participating in Joint Fundraiser	
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number C
4.	FEC ID number C

FEC Form 1 (Povised 0	2/2009)	Page 3
FEC Form 1 (Revised 0 Write or Type Committee Name	212003)	raye 3
Gillibrand for Se	enate	
	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Gillibrand Victory Fund		
Mailing Address	124 Washington Street	
	Suite 101 Foxboro MA	02035
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative	e Leadership PAC Sponso
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person	on in possession of committee
Lowey, Kei	h, D., ,	
Mailing Address	124 Washington Street	
Ü	Suite 101	
	Foxboro	02035
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	543 1720
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	d the name and address of
Full Name Lowey, Keit of Treasurer	h, D., ,	
Mailing Address	124 Washington Street	
	Suite 101	
	Foxboro MA	02035
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 508	543 1720

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		[-]
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	
Name of Bank, De		
Name of Bank, De	epository, etc. Amalgamated Bank	
Name of Bank, De	Amalgamated Bank 1825 K Street, NW	ZIP CODE
Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE	ZIP CODE
Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE Chain Bridge Bank, NA	ZIP CODE
Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE Poository, etc. Chain Bridge Bank, NA	ZIP CODE
Name of Bank, De Mailing Address Name of Bank, De	Amalgamated Bank 1825 K Street, NW Washington CITY STATE Chain Bridge Bank, NA	ZIP CODE

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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representativ	e. or Leadership PAC Spons
	gs Beasley Victory Fund	3p	-, -:
Mailing Address	124 Washington St.		
Maining Addition	Suite 101		
	Foxboro	MA	02035
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.	. [FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	illibrand Kelly Vic	tory rund		
	Mailing Address	124 Washington St.		
		Suite 101		
		Foxboro	MA	02035
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fo	undraising Representa	ative Leadership PAC Sponsor
8. Desi c	anated Agent: Identify	by name, address (phone number – optional)		
•	griated Agent. Identity	by name, address (phone names)		
	Full Name			
F				
F	Full Name _			
F	Full Name _			
F	Full Name		STATE A	ZIP CODE A
F	Full Name _	CITY A	STATE A	ZIP CODE A
9. Bank	Full Name	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	
9. Bank safety	Full Name	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	
9. Bank safety	Full Name	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	
9. Bank safety	Full Name	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	
9. Bank safety	Full Name Mailing Address TITLE OR POSITION As or Other Depositoring deposit boxes or main deposit boxes or main depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	
9. Bank safety	Full Name Mailing Address TITLE OR POSITION As or Other Depositoring deposit boxes or main deposit boxes or main depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	

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

h). Joint Fundraisi	ig i artioipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Booker Gillibrand	l Victory Fund		
Mailing Address	600 Pennsylvania Ave, SE		
Mailing Address	Suite 15180		
	Washington	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
rielationship.	CITY	SIAIE	ZIP CODE A
	Affiliated Committee Join Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
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esignated Agent: Identification 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 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 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
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 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

h). Joint Fundraisi i			FEC ID numb	er C	
2.			FEC ID numb	er C	
			FEC ID numb		
3.					
4.			FEC ID numb	er C	
ame of Any Connected	Organization, Affiliated Co	ommittee, Joint Fund	raising Represent	ative, or Leade	rship PAC Spon
Financial Innovat	on Victory Committe	ee			
<u> </u>					
Mailing Address	502 Monroe Street				
	Newport		KY	41071	
Relationship:	C	CITY A	STATE	A	ZIP CODE ▲
Connecte	d Organization Affiliated	I Committee X Join	t Fundraising Repre	sentative L	eadership PAC Sp
	d Organization Affiliated		t Fundraising Repre	sentative L	eadership PAC S
esignated Agent: Identif			t Fundraising Repre	sentative L	eadership PAC S
esignated Agent: Identif			t Fundraising Repre	sentative L	eadership PAC S
esignated Agent: Identif		number – optional)			eadership PAC S
esignated Agent: Identif	y by name, address (phone	number – optional)			
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone	number – optional)			
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone CIT ries: List all banks or other	number – optional)	STATE delephone Number		ZIP CODE A
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esignated Agent: Identification Full Name	y by name, address (phone CIT ries: List all banks or other	number – optional)	STATE delephone Number		ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page _9 **of** 9___

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5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected Gillibrand Rosen	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington St.		
		Suite 101		
		Foxboro	MA	02035
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
9.			the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents