FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
	NGRESS 2026	
ADDRESS (number and stre	1 W. Manchester Blvd., Suite 700 eet)	
(Check if addres	3S	
ie enangea)	Inglewood	CA 90301
	CITY ▲	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DDRESS	
(Check if addres is changed)	ss cine@politicalreportingplus.com	
	Optional Second E-Mail Address	1
COMMITTEE'S WEB PAGE (Check if address is changed)		
2. DATE 03	28 / Y Y Y Y 28 2025	
3. FEC IDENTIFICATIO	N NUMBER ► C C00900779	
4. IS THIS STATEMENT	NEW (N) OR × AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Trea	asurer Ivery, Cine D., , ,	
Signature of Treasurer	Ivery, Cine D., , ,	Date 03 / D D / Y Y Y Y 28 2025
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Williams Swift, Paula, , , Candidate State CA Candidate Office DEM House Senate President Party Affiliation Sought: District 40 (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) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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:

2.

(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.
(j) Committees Participating in Joint Fundraiser
1.

С

Relationship:

Connected Organization

FEC Form 1 (Revised 02/2009)		Page 3
Write or Type Committee Name		
SWIFT FOR CONGRESS 2026		
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership	PAC Sponsor
Mailing Address		
CITY ▲ STATE ▲	▲ ZIF	P CODE ▲

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Ivery, Cine	D., , ,
Full Name	
Mailing Address	1 W. Manchester Blvd., Suite 700
	Inglewood CA 90301 - - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 310 - 878 - 4131

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	Ivery, Cine D., , ,
of Treasurer	
Mailing Address	1 W. Manchester Blvd., Suite 700
	Inglewood CA 90301
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: State of the state o

FEC Form 1	(Revised 02	2/2	2009	9)																		[Pag	e Z	ł	
Full Name of Designated Agent	None, , , ,										1						1				1			1	1	
Mailing Address																										
							CI	ΤY								STA	λΤΕ				ZI	P(ЭE		
Title or Position	7																									
											Tele	eph	non	ə n	umł	ber				· [_						

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.

Cal	fornia Bank & Trust - Cine D. Ivery		
Mailing Address	550 S Hope St, #100		
	Los Angeles		90071
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposi	tory, etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE