**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Movement Voter PAC PO Box 1719 ADDRESS (number and street) (Check if address is changed) Northampton 01061 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@katzcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00728360 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Flajnik, John, , Mr., Date 03 20 2024 Signature of Treasurer Flajnik, John, , Mr., 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

E	Form 1 (Revised 03/2022)	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 principal campaign committee. (Complete the cand information below.)	idate					
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President Dis	tate					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	uiot					
	Name of Candidate						
	Party Committee:						
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F	Party					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a:					
	Corporation Corporation w/o Capital Stock Labor Organiza	ation					
	Membership Organization Trade Association Cooperative						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	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).	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:						
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political					
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political					
	Committees Participating in Joint Fundraiser						
	1. C						

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V	Vrite or Type Committee Name					
	Movement Voter	PAC				
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor			
	NONE					
	Mailing Address					
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor			
	Helationship.	Signification Anniated Organization Sount Fundraising Representative	Leadership 1 AC Sponson			
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in posses	sion of committee			
	Flajnik, Joh	n. Me				
	Full Name	I, , IVII.,				
	Mailing Address	PO Box 1719				
		1				
		Northampton   MA   01061				
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼					
	Treasurer		219			
3.		<b>Treasurer:</b> 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 Flajnik, Joh	n, , Mr.,				
	of Treasurer					
	Mailing Address	PO Box 1719				
		Northampton MA 01061				
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼	- · · · -				
	Treasurer		219   9438			

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Full Name of Designated Agent	Dunning, Robbie, , ,		
Mailing Address	PO Box 1719		
	Northampton	MA	01061
Tiale on Decision	CITY A	STATE ▲	ZIP CODE ▲
Title or Position			
Assistant freasur	Telephone nur	mber	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committees or maintains funds.	ee deposits fu	ands, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	255 California St, Suite 600		
	San Francisco	CA	94111
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		_
		1 1 1 1	
Mailing Address			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲