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STATEMENT	OF
ORGANIZATI	ON

FORM 1			o	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
United We Can				
	1800 Massachusetts Ave., NW			
ADDRESS (number and street)				
 (Check if address is changed) 				
- <i>i</i>	Washington			036
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	treas@seiu.org			
is changed)	Optional Second E-Mail Add	ross		
COMMITTEE'S WEB PAGE ADI				
2. DATE 06 01				
3. FEC IDENTIFICATION NU	JMBER ► C co	0523621		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief it i	is true, correct and	l complete.
Type or Print Name of Treasure	r Saenz, Rocio, , ,			
Signature of Treasurer Saen	iz, Rocio, , ,		Date 06	01 / Y Y Y Y 01 2024
NOTE: Submission of false, errone		nay subject the person signing th ION SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5. 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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presiden	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party
	C
	_abor 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 second committee. (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.)	
(g) X 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 (Hy	ybrid PAC).

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 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.
 Committees Participating in Joint Fundraiser
 2.

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۷	Vrite or Type Committee Name	
	United We Can	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	NONE	

Relationship: Connected C	rnar	nizat	ion	Ē	Δ	ffili	ateo	d O b	raa	niza	atio	n	Ē	Je	oint	Fu	ndra	aisi	na	Rei	ores	sent	tativ	'e	i.	h	Lea	nde	rshir	D P/	AC S	Spo
								СІТ	Y										5	STA	ΥE						ZI	P		DE		
Mailing Address																																

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

Sweeney, I	Megan, , ,		
Full Name			
Mailing Address	1800 Massachusetts Ave., NW		
	Washington	DC 20036	
	CITY A	STATE 🔺	ZIP CODE
Title or Position ▼			
Custodian of Records	Telept	none number	

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 of Treasurer	Saenz, Rocio, , ,
of freasurer	
Mailing Address	1800 Massachusetts Ave., NW
	Washington DC 20036
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 202 - 730 - 7000

FFC	Form	1	(Revised	02/2009)
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	-																			 _	_		_		_	_		_
Full Name of Designated Agent	Verrett, Apr	il, , ,						1						1														
Mailing Address		1800	Massa	achu	setts	s Av	e., I	W																				1
																												1
		Wash	ingtor) 																200;	36				· L			
							CI	TY .									STA	ΛTE				ZI	ΡC	COL	DE			
Title or Position ▼																												
Designated Agent												Tele	əph	one	e ni	uml	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.

	Amalgamated Bank			
Mailing Address	1825 K St., NW			
	Washington		DC 20006	
		CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	epository, etc.			
Mailing Address				
		CITY A	STATE ▲	ZIP CODE ▲

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