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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT ORGANIZAT	_	Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	· ·	xample:If typing, type ver the lines.	12FE4M5	
ADDRESS (number and stre	et) 1220 L NW Ste 100 PO Box 384			
<ul> <li>(Check if addrest is changed)</li> </ul>	s			
	Washington └──└── CITY ▲		DC 20005 STATE ▲	
COMMITTEE'S E-MAIL AD	DRESS			
(Check if addres is changed)	s victoria@sprucestreetcomp.com			
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 11	D D / Y Y Y Y 27 2023			
3. FEC IDENTIFICATIO	N NUMBER ► C C00858	100		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of m	y knowledge and belief it is	s true, correct and co	omplete.
Type or Print Name of Trea	asurer Perrone, Victoria, , ,			
Signature of Treasurer	Perrone, Victoria, , ,	[	Date	27 / Y Y Y Y 2023
NOTE: Submission of false,	erroneous, or incomplete information may s ANY CHANGE IN INFORMATION			nalties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	Г	EC FORM 1 Revised 06/2012)

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 cainformation below.)	andidate
Name of Candidate	
Candidate Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:       (National, State or subordinate) committee of the       (Democratic, Republican, etc.)	c.) Party

		Corporation	Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Trade Association	Cooperative
		In addition, this committee is a Lobb	yist/Registrant PAC.	
(f)		This committee supports/opposes more than o committee. (i.e., nonconnected committee)	ne Federal candidate, and is NOT a sepa	arate segregated fund or party
		In addition, this committee is a Lobb	yist/Registrant PAC.	
		In addition, this committee is a Lead	ership PAC. (Identify sponsor on line 6.)	
(g)		This committee is an independent expenditure	only political committee (Super PAC).	
		In addition, this committee is a Lobb	yist/Registrant PAC.	
(h)	Х	This committee is a political committee with bo	th contribution and non-contribution acco	unts (Hybrid 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.

In addition, this committee is a Lobbyist/Registrant PAC.

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۷	Write or Type Committee Name	
	PRO PAC	
6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising R	Representative, or Leadership PAC Sponsor

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Re	Relationship: Connected Organization Affiliated Organization Joint Fu													unc	drai	sir	ng F	Rep	ores	sen	tativ	ve		Lea	ade	rshi	рF	PAC	Spo	วทรด	۶r						

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

Per	one, Victoria, , ,
Full Name	
Mailing Address	PO Box 22611
	Philadelphia       PA       19110
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     494     432     5290

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	Perrone, Victoria, , ,
Mailing Address	PO Box 22611
	Philadelphia PA 19110
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	<b>7</b>
	Image:

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

	Amalgam	ated	Ban	ık 																					
Mailing Address		1825	K St	NW																					
		Wash	ingto	n														2	000	6			-L		
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Name of Bank, D	Depository, etc	c.				1	ĺ	1				1			[	1	I								
Mailing Address																									
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