Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Spanberger for Congress PO Box 3112 ADDRESS (number and street) (Check if address is changed) Fredericksburg 22402 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mbrengarth@mbacg.com (Check if address is changed) Optional Second E-Mail Address spanberger@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://abigailspanberger.com/ (Check if address is changed) DATE 2022 C00649913 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. Mele, Steven, , , Type or Print Name of Treasurer Mele, Steven, , , [Electronically Filed] 2022 Signature of Treasurer Date 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

FEC 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 information below.)	candidate
Name of Candidate Spanberger, Abigail, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State VA District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	4.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, e	tc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
Corporation Corporation w/o Capital Stock Labor Organization	anization
Membership Organization Trade Association Cooperative	re
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 to committee. (i.e., nonconnected committee)	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) 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:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
Committees Participating in Joint Fundraiser	
1C	
C	

I	FEC Form 1 (Rev	vised 02/2009)	Page 3	
٧	Vrite or Type Committee			
		r for Congress		
6.		cted Organization, Affiliated Committee, Joint Fundraising Representation, Cond. 2022	tative, or Leadership PAC Spons	sor
	Spanberger Vict	tory Fund 2022		
	Mailing Address	611 Pennsylvania Ave		
		Ste 143		
		Washington	OC 20003	1 1
		CITY ▲ STAT	ATE ▲ ZIP CODE ▲	
	Relationship: Conr	nected Organization	presentative Leadership PAC	Spons
	Tiolationip.	A COUNT Parlatation of Trape	Josephanie Zoadololiip 1770	Оролю
7.	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the p	person in possession of committee	•
	Mele	e, Steven, , ,		
	Full Name			
	Mailing Address	611 Pennsylvania Ave SE	<u> </u>	
		#1 43 		1 1
		Washington	OC 20003 - -	1 1
		CITY ▲ STAT	ATE ▲ ZIP CODE ▲	
	Title or Position ▼	0111 <u> </u>	211 0002 2	
	Treasurer	Telephone number		
8.		me and address (phone number optional) of the treasurer of the comr (e.g., assistant treasurer).	nmittee; and the name and address	s of
	Full Name Mele	e, Steven, , ,		
	of Treasurer			
	Mailing Address	611 Pennsylvania Ave SE		
		#143		
		Washington	DC 20003 - -	
		CITY ▲ STAT	ATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone number		

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Lee, Lauren, Decot, ,	
Mailing Addre	611 Pennsylvania Ave SE	
	#143	
	Washington	C 20003
Title or Positi		TE ▲ ZIP CODE ▲
Assistant Tre	asurer	
	Telephone number	
	her Depositories: List all banks or other depositories in which the committee de t boxes or maintains funds.	posits funds, holds accounts, rents
Name of Ban	k, Depository, etc.	
	Amalgamated Bank	
Mailing Addre	ss1825 K St NW	
	Washington	C 20006
	CITY ▲ STAT	TE ▲ ZIP CODE ▲
Name of Ban	k, Depository, etc.	
	Woodsboro Bank	
Mailing Addre	ss 5 N Main St	
	Woodsboro	D 21798
	CITY ▲ STAT	TE ▲ ZIP CODE ▲

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

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Service First Wo	men's Victory Fund		
	PO Box 9		
Mailing Address			
	Lexington	KY	40588
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Join Join Join Join Join Join Join Join	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	state	
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY ▲ Ories: 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 r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Iame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	910 17th St NW		
-	Ste 925		
	Washington	DC	20006
Dalationahin	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identif	d Organization Affiliated Committee		
Connecte resignated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identif			
Connecte d Agent: Identification Address OR POSITION Other Depositor osit boxes or materials	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tries: 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 Depositor datety deposit boxes or material dates.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte resignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or mail afety depository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tries: 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 r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Majority Keepers	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
wajonty Reepers			
Mailing Address	600 Pennsylvania Ave SE		
Mailing Address	Unit 15180		
	Washington	, DC	20003
Dalationahin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mails are of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mails are of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or material boxes or material boxes.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2		FEC ID number
	3.		FEC ID number
	4		FEC ID number
6.	Name of Any Connected SEEC Victory Fun		sing Representative, or Leadership PAC Sponsor
	Mailing Address	PO Box 15320	
		Washingont	DC 20003
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	
8.		by name, address (phone number – optional)	
8.	Full Name	by name, address (phone number – optional)	
8.	Full Name	by name, address (phone number – optional)	
8.	Full Name	CITY A	
8.	Full Name	CITY A	STATE ▲ ZIP CODE ▲
8.	Full Name	CITY A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	CITY CITY Tele	STATE ZIP CODE phone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY CITY Tele	STATE ZIP CODE phone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	CITY CITY Tele	STATE ZIP CODE phone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele	STATE ZIP CODE phone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele	STATE ZIP CODE phone Number

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

h). Joint Fundraisi n			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	or Leadership PAC Spon
Elect Democratic		naionig riopiosemativ	c, or Louderemp (Ac open
<u> </u>			
	600 Pennsylvania Ave SE		
Mailing Address	#15180		
	Washington	, DC	20003
Dalaita a lita			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	y by name, address (phone number – optional)		
esignated Agent: Identify	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositors, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1. FEC ID number C 2. FEC ID number C 3. FEC ID number C 4. FEC ID number C 5. FEC ID number C 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi Virginia House Victory PAC 2022 Mailing Address 499 South Capitol St SW Suite 407 Washington DC 20003	p PAC Sponsor
3. 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi Virginia House Victory PAC 2022 Mailing Address 499 South Capitol St SW Suite 407	p PAC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi Virginia House Victory PAC 2022 Mailing Address 499 South Capitol St SW Suite 407	p PAC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi Virginia House Victory PAC 2022 Mailing Address 499 South Capitol St SW Suite 407	p PAC Sponsor
Virginia House Victory PAC 2022 Mailing Address 499 South Capitol St SW Suite 407	p PAC Sponsor
Virginia House Victory PAC 2022 Mailing Address 499 South Capitol St SW Suite 407	p PAC Sponsor
Mailing Address 499 South Capitol St SW Suite 407	
Mailing Address Suite 407	
Mailing Address Suite 407	
Suite 407	
Delationship	
	P CODE ▲
Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
8. Designated Agent: Identify by name, address (phone number – optional) Full Name	
Mailing Address	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP	CODE A
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds a safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address	accounts, rents

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	ı Particinant:		
J(g)	1.	,	FEC ID number	C
	2.		, FEC ID number	C
			J FEC ID numbei	
	3.		FEC ID number	
	4		J 20 15 Hamson	O
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fu	ndraising Representat	ive, or Leadership PAC Sponsor
	Mailing Address	PO Box 2013		
	-			
		Salem	MA MA	01970
	Relationship:	CITY A	STATE .	▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X J	oint Fundraising Represe	ntative Leadership PAC Sponsor
			ŭ i	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY City ies: List all banks or other depositories in whi	STATE A Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY City ies: List all banks or other depositories in whi	STATE A Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY City ies: List all banks or other depositories in whi	STATE A Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY City ies: List all banks or other depositories in whi	STATE A Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY City ies: List all banks or other depositories in whi	STATE A Telephone Number	

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

n). Joint Fundrais i	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Luria Spanberge	r Victory Fund 2022		
	401 2nd Ave S		
Mailing Address	Ste 303		
		10/0	09104
	Seattle	WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint Joint ify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Ident		Fundraising Represent	Leadership PAC S
esignated Agent: Ident		Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or necessity.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION Tanks or Other Deposite detay deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION Tanks or Other Deposite detay deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

,					
5(g) or ((h). Joint Fundraising	y Participant:			
	1.	<u> </u>		FEC ID number	C
	2.			FEC ID number	C
	3.			FEC ID number	С
	4.			FEC ID number	C
-					
6. N	lame of Any Connected (Stand Up for Demo		ittee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 5418			
					<u> </u>
		Takoma Park	·	MD	20913
	Relationship:	CITY	A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Cor	nmittee X Joint F	undraising Representa	ative Leadership PAC Sponsor
3. D	Pesignated Agent: Identify Full Name	by name, address (phone num	nber – optional)		
	Mailing Address				
					1
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Tele	phone Number	
_					
). B	Banks or Other Depositor afety deposit boxes or mai	ies: List all banks or other dep intains funds.	ositories in which th	e committee deposits	s funds, holds accounts, rents
	lame of Bank, Depository, etc.				
	Mailing Address				
	-				
		CITY A		STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	p Participant:		
(9)	1.	, . 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4		1 20 15 114111501	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	910 17th Street NW Suite 925		
		Washington	DC	20006
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Pull Name	by name, address (phone number - optional)		
	Mailing Address	1		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which that intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank,	ies: List all banks or other depositories in which nains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which nains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which nains funds.	the committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin ç			1	FFC ID		
1				FEC ID number		
2.				FEC ID number		
3.				FEC ID number	C	
4.				FEC ID number	C	
ame of Any Connected (_	liated Committee,	Joint Fundra	ising Representati	ve, or Leaders	ship PAC Spon
House Victory Pro	ject 2022					
Mailing Address	600 Pennsylvani	a Ave SE #15180				
	Washington			DC DC	20003	-
Relationship:		CITY A		STATE A		ZIP CODE ▲
Connected	Organization	Affiliated Committee		Fundraising Represe	ntative Le	eadership PAC S
Connected esignated Agent: Identify				Fundraising Represe	ntative Le	eadership PAC S
Connected esignated Agent: Identify Full Name				Fundraising Represe	ntative Le	eadership PAC S
Connected esignated Agent: Identify				Fundraising Represe	ntative Le	eadership PAC S
Connected esignated Agent: Identify Full Name				Fundraising Represe	ntative Le	eadership PAC S
Connected esignated Agent: Identify Full Name	by name, address		optional)			eadership PAC S
Connected esignated Agent: Identify Full Name	by name, address	s (phone number –	optional)			
esignated Agent: Identify Full Name Mailing Address	by name, address	s (phone number –	optional)			
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address	city A	- optional)	STATE A	Z	IP CODE A
esignated Agent: Identify Full Name Mailing Address	by name, address	city A	- optional)	STATE A	Z	IP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arme of Bank,	by name, address	city A	- optional)	STATE A	Z	IP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor ane of Bank, epository, etc.	by name, address	city A	- optional)	STATE A	Z	IP CODE A