FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 6
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	Fund for a Greater			
ADDRESS (number and stree	1032 15th Street NW			
(Check if address				
is changed)	Washington └──└──└──└──└──└── CITY ▲		DC STATE ▲	20005
COMMITTEE'S E-MAIL ADE	PRESS			
 (Check if address is changed) 	reporting@premier-complia	ance.com		
	Optional Second E-Mail Ad	ldress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 09 /	01 / Y Y Y Y 01 2024			
3. FEC IDENTIFICATION	NUMBER ► C C	00271338		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examine	d this Statement and to the best	t of my knowledge and belie	f it is true, correct a	and complete.
Type or Print Name of Treas	urer Pritchard, Amy, L., ,			
Signature of Treasurer F	ritchard, Amy, L., ,		Date 09	/ D D / Y Y Y Y 10 2024
NOTE: Submission of false, en	roneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signir	-	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 06/2012)

Image# 202409109675401794

09/10/2024 13 : 12

TVDE	1 (Revised 03/2022)	Page 2
ITE	OF COMMITTEE:	
Candi	idate 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 th information below.)	e candidate
Name Cand	ne of didate	
	didate Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Car	me of ndidate	
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the (Democratic Republican,	
(d)	This committee is a	
(d)	This committee is a or subordinate) committee of the Republican,	etc.) Party
(d) Politic	This committee is a or subordinate) committee of the Republican, cal Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	etc.) Party
(d) Politic	This committee is a or subordinate) committee of the Republican, cal Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	etc.) Party d organization is a rganization
(d) Politic	This committee is a or subordinate) committee of the Republican, cal Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected Corporation Corporation w/o Capital Stock Labor C	etc.) Party d organization is a rganization
(d) Politic	This committee is a or subordinate) committee of the Republican, cal Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected Corporation Corporation w/o Capital Stock Labor C Membership Organization Trade Association Cooperation	etc.) Party d organization is a rganization tive

Joint Fundraising Representative:

(g)

(h)

(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.

This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

This committee is an independent expenditure-only political committee (Super PAC).

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

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

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
AMERIPAC: The Fund for a Greater America	

6.	Name of Any Connected Or Hoyer, Steny, Hamilto	-	Com	mitte	e, J	oint	t F	undr	aisi	ng l	Rep	res	sent	tati	ve,	or	Lea	ade	rship) P	AC	Sp	ons	sor	
		, 																							
]
	Mailing Address	1032 15th Street NW																			I				
		Suite 247																							
		Washington											D	C 			20	005							
			CIT	Y ▲								S	STA	ΤE					ZI	P(DE			
	Relationship: Connected	Organization Affilia	ted Or	rganiz	zatio	n		Joii	nt Fu	undr	aisir	ng I	Rep	rese	enta	ativ	e	X	Lea	ıde	rshij	ρP	AC	Spo	nsor

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

Pritchard,	Amy, L., ,		
Full Name			
Mailing Address	1032 15th Street NW		
	Suite 247		
	Washington	DC 20005	
	CITY A	STATE A	ZIP CODE
Title or Position ▼			
	Te	elephone 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	Pritchard, Amy, L., ,
Mailing Address	1032 15th Street NW
	Suite 247
	Washington DC 20005
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number Image: Telephone number

	Form 1 (Revised 02/2009)
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Full Name of Designated Agent	Doggett, Taylor, M., ,
Mailing Address	1032 15th Street NW
	Suite 247
	Washington DC 20005 Image: I
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	rer

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.

TD Banl	. 		
Mailing Address	605 14th Street, NW		
	Washington	DC 20005	
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Amalga	nated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY 🔺	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

1										
					FEC ID	number	С			
					FEC ID	number	С			
3.					FEC ID	number	С			
4.			1 1 1 1		FEC ID	number	С			
Name of Any Connected C	Organization,	Affiliated Co	mmittee, Joi	nt Fundra	sing Rep	resentative	, or Le	eadershi	ip PAC	Sponsor
Hoyer's Majority Fund										
Mailing Address	1032 15th S	treet NW								
	Suite 247									
	Washington					DC	20	0005		
Relationship:		Cľ	TY 🔺			STATE A		ZI	P COD	E 🔺
Connected	Organization	Affiliated	Committee	× Joint F	undraising	Representa	tive	Lead	ership F	PAC Spon
Full Name										
	· · · · · · · · · · · · · · · · · · ·									
Mailing Address		-	1		ephone Nu			 		
Mailing Address TITLE OR POSITION Banks or Other Depositorie safety deposit boxes or mair Name of Bank,	es: List all ba				ephone Nu	umber	• • • • • • • • • • • • • • • • • • •	-	[
Mailing Address TITLE OR POSITION Banks or Other Depositorie safety deposit boxes or mair Name of Bank, Depository, etc.	es: List all ba				ephone Nu	umber	s funds	-	[
Mailing Address TITLE OR POSITION Banks or Other Depositorie safety deposit boxes or mair Name of Bank,	es: List all ba				ephone Nu	umber	s funds	-	[
Mailing Address TITLE OR POSITION Banks or Other Depositorie safety deposit boxes or mair Name of Bank, Depository, etc.	es: List all ba				ephone Nu	umber	s funds	-	[

FEC Form 1S (Revised 02/2017)

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

g) or (h).	Joint Fundraising	g Participant:				
1.				FEC	ID number	С
2				FEC	ID number	C
3				FEC	ID number	С
4				FEC	ID number	С
		Organization, Affili	iated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
Ar	meriLUV PAC					
	Mailing Address	1032 15th Street	NW			
	inaling / ladioco	Suite 247				
		Washington				20005
	Relationship:				L STATE ▲	
	Connected	Organization	Affiliated Committee	Joint Fundrais	ina Benresent	ative
		by name, address	(phone number – option	nal)		
F	ull Name	by name, address	(phone number – option	nal)		
F		by name, address	(phone number – option	nal)		
F	ull Name	by name, address	(phone number – option	nal)		
F	ull Name	by name, address		nal)		
F	ull Name		(phone number – option	nal)		· · · · · · · · · · · · · · · · · · ·
F	ull Name			nal)	1	
F	ull Name				1	· · · · · · · · · · · · · · · · · · ·
F M 	Tull Name	<pre></pre>		Telephone	Number	
F M Bank	Tull Name			Telephone	Number	
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or ma e of Bank,		CITY A	Telephone	Number	ts funds, holds accounts, rents
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or ma e of Bank, sitory, etc.		CITY A	Telephone	Number	ts funds, holds accounts, rents
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or ma e of Bank,		CITY A	Telephone	Number	ts funds, holds accounts, rents
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or ma e of Bank, sitory, etc.		CITY A	Telephone	Number	ts funds, holds accounts, rents
F M Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or ma e of Bank, sitory, etc.		CITY A	Telephone	Number	ts funds, holds accounts, rents