

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Schiff House Victory Fund

ADDRESS (number and street) 777 S. Figueroa Street, Suite 4050

(Check if address is changed)

Los Angeles

CITY ▲

CA

STATE ▲

90017

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

sshin@kaufmanlegalgroup.com

Optional Second E-Mail Address

jguard@kaufmanlegalgroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 25 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00683706

4. 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.

Type or Print Name of Treasurer Kaufman, Stephen J., , ,

Signature of Treasurer

Kaufman, Stephen J., , ,

[Electronically Filed]

Date

07 / 26 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  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:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) 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
  - 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 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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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

1. AMY MCGRATH FOR CONGRESS FEC ID number  C  C00646745
2. LAUREN UNDERWOOD FOR CONGRESS FEC ID number  C  C00652719
3. COLIN ALLRED FOR CONGRESS FEC ID number  C  C00637868
4. GINA ORTIZ JONES FOR CONGRESS FEC ID number  C  C00652297

Write or Type Committee Name

# Schiff House Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name Kaufman, Stephen J., , ,

Mailing Address 777 S. Figueroa Street, Suite 4050

Los Angeles

CA

90017

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 213 - 452 - 6565

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 Kaufman, Stephen J., , ,

Mailing Address 777 S. Figueroa Street, Suite 4050

Los Angeles

CA

90017

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 213 - 452 - 6565

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

California Bank & Trust

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1: 550 S. Hope Street, Suite 100]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3: Los Angeles, CA, 90071]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

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

5(g) or (h). **Joint Fundraising Participant:**

- 1. SCHIFF FOR CONGRESS
- 2.
- 3.
- 4.

- FEC ID number C C00343871
- FEC ID number C
- FEC ID number C
- FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ CITY ▲ STATE ▲ 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. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲