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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) over the lines. is changed) Chrissy Houlahan for Congress PO Box 222 ADDRESS (number and street) (Check if address is changed) Devon 19333 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janelli@capcompliance.com (Check if address is changed) Optional Second E-Mail Address |fec@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.chrissyhoulahanforcongress.com (Check if address is changed) DATE 2021 C00637371 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. Janelli, Steven, , , Type or Print Name of Treasurer Janelli, Steven, , , [Electronically Filed] 03 15 2021 Signature of Treasurer Date 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			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FEC <b>For</b> i	m 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF CO	DMMITTEE	
Candidate	Committee:	
(a) <b>x</b>	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	Houlahan, Chrissy, , ,	
Candidate Party Affiliatio	n DEM Office Sought: X House Senate President	State PA
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Political Ad	etion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the connected organization on line 6.	nected 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 secommittee. (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.)	
Joint Fundr	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Comn	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised 0	12/2000)	Page <b>3</b>
Write or Type Committee Name		r age <b>o</b>
Chrissy Houlaha		
•	rganization, Affiliated Committee, Joint Fundraising Representative, or Le	adorchin DAC Sponsor
		adership FAC Sporisor
Serve America Victory	Fund	
Mailing Address	PO Box 2013	
	Salem MA 019	970
	CITY STATE	ZIP CODE
	CITI SIAIL	ZIF CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Ident books and records.</li> </ul>	tify by name, address (phone number optional) and position of the person	in possession of committee
Janelli, Ste	ven, , ,	ı
Full Name	,600 Pennsylvania Ave SE	
Mailing Address	#15180	
	Washington DC 20	0003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
<ol> <li>Treasurer: List the name and any designated agent (e.g., as</li> </ol>	I address (phone number optional) of the treasurer of the committee; and t ssistant treasurer).	he name and address of
Full Name Janelli, Stev	ven, , ,	1
of Treasurer	J600 Pennsylvania Ava SE	
Mailing Address	600 Pennsylvania Ave SE	
	#15180	
	Washington DC 200	003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	- 544 - 6960

Full Name of Designated Agent	Nissen, Melissa, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15180 	
	Washington DC 20003	
	CITY STATE Z	ZIP CODE
Title or Position Assistant Treasure	er Telephone number	
Banks or Other D safety deposit boxe	Depositories: List all banks or other depositories in which the committee deposits funds, holds es or maintains funds.	accounts, rents
Banks or Other D safety deposit boxe Name of Bank, De	es or maintains funds.	accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds.	accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.  Woodsboro Bank	accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.  Woodsboro Bank	accounts, rents
safety deposit boxe Name of Bank, De	Woodsboro Bank  Some some state of the state	ZIP CODE
safety deposit boxe Name of Bank, De L Mailing Address	Woodsboro Bank  S N Main St  Woodsboro  Woodsboro  Woodsboro  Woodsboro  CITY  STATE  Z	
Safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	woodsboro Bank  Some state of maintains funds.  Woodsboro Bank  Some state of the s	
Safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	Woodsboro Bank  S N Main St  Woodsboro  Woodsboro  Woodsboro  Woodsboro  CITY  STATE  Z	
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	woodsboro Bank  Some state of the state of t	
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	woodsboro Bank  S N Main St  Woodsboro  Woodsboro  CITY  STATE  Z  Prository, etc.  Amalgamated Bank  275 7th Ave	
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	woodsboro Bank  Some state of the state of t	

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

Page \_5 **of** \_10\_\_

h). <b>Joint Fundraisi</b> r	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Houlahan Victory	Fund		
Mailing Address	918 Pennsylvania Ave SE		
			1 1 1 1 1 1 1 1 1
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
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   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and grants of Bank, Bank (	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and grants of Bank, Bank (	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Of America	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Of America	STATE A	ZIP CODE A

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

Page \_\_\_\_ **of** \_\_\_\_\_

Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or maintain ame of Bank, epository, etc.  Mailing Address	▼ ries: List all banks	CITY  or other depositories in wh	STATE Telephone Number		ZIP CODE   ds accounts, rent
anks or Other Deposito afety deposit boxes or material ame of Bank, epository, etc.	▼ ries: List all banks	CITY A	STATE Telephone Number		ZIP CODE A
TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material deposition of Bank,	▼ ries: List all banks	CITY A	STATE Telephone Number		ZIP CODE A
TITLE OR POSITION	▼ ries: List all banks	CITY A	STATE Telephone Number		ZIP CODE A
			STATE	<u> </u>	
			STATE	<u> </u>	
Mailing Address					
Mailing Address					
Mailing Address					
Full Name					
esignated Agent: Identify	y by name, address	(phone number – optional	)		
Connected	d Organization	Affiliated Committee	oint Fundraising Repre	esentative L	_eadership PAC Sp
Relationship:		CITY A	STAT	L E ▲	ZIP CODE ▲
	Philadelphia		P	A 19106	
	Ste 406				
Mailing Address	231 N 33rd St			<u> </u>	<u> </u>
I do I oui I Ao					
ame of Any Connected Fab Four PAC	Organization, Affil	iated Committee, Joint Fu	ndraising Represen	tative, or Leade	rship PAC Spons
			J		
4.			FEC ID num	ber C	
3.			FEC ID num	ber C	
3.			FEC ID num	ber C	
1					

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

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5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
O(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	С
	3.		FEC ID number	C
	4		. 20 ib namber	0
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Service First Wom	nen's Victory Fund		
	Mailing Address	PO Box 9		
		Lexington	, , , , KY	40588
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative 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	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
9.	Full Name   Mailing Address  TITLE OR POSITION	CITY   CITY   Te	elephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma	CITY   CITY   Te	elephone Number	
	Full Name	CITY   CITY   Te	elephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank,	CITY   CITY   Te	elephone Number	
	Full Name	CITY   CITY   Te	elephone Number	
	Full Name	CITY   CITY   Te	elephone Number	

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

Page \_\_\_\_ **of** \_\_\_\_\_

TITLE OR POSITION  anks or Other Depositor afety deposit boxes or management of Bank, epository, etc.  Mailing Address	ories: List all ba	CITY   nks or other depositories in the second control of the seco	Telephone N		ZIP CODE   ZIP CODE   s funds, holds accounts, rent
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition of Bank, depository, etc.	ories: List all ba	CITY A	Telephone N	lumber	ZIP CODE A
TITLE OR POSITION  anks or Other Depositor defety deposit boxes or management of Bank,	ories: List all ba	CITY A	Telephone N	lumber	ZIP CODE A
TITLE OR POSITION	ories: List all ba	CITY A	Telephone N	lumber	ZIP CODE A
TITLE OR POSITION	<b>▼</b>	CITY A	Telephone N	lumber	ZIP CODE A
				STATE A	
Mailing Address					
Mailing Address					
Mailing Address					
	1				
Full Name					
	y by name, add	ress (phone number – optior	nal)		
Connecte	d Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC Sp
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Phoenix			AZ	85042
					<u> </u>
Mailing Address	2910 E Gary	Way			
ame of Any Connected Second Service V			Fundraising Re	presentativ	e, or Leadership PAC Spons
-					
4.			— │	O number	C
			   FEC □	O number	С
3.			FEC I	O number	C
1					

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

Page \_\_\_\_ **of** \_\_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
MEECA Victory F	I Organization, Affiliated Committee, Joint Fur Fund	ndraising Representativ	re, or Leadership PAC Spons
Mailing Address	910 17th St NW		
	Ste 925		
	Washington	DC L	20006
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		oint Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee   Affiliated Committee   Figure 1. June 1		
esignated Agent: Identif	Affiliated Committee   Affiliated Committee   y  Jet 1  Jet 2  Jet 2  Jet 2  Jet 2  Jet 3  Jet 4  Jet 3  Jet 4  Jet 3  Je		Leadership PAC Sp
esignated Agent: Identification  Full Name Mailing Address	Affiliated Committee   Affiliated Committee   y  Jet 1  Jet 2  Jet 2  Jet 2  Jet 2  Jet 3  Jet 4  Jet 3  Jet 4  Jet 3  Je		
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  Affiliated Committee  Type  Type	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, repository, etc.	Affiliated Committee  Affiliated Committee  Type  Type	STATE A Telephone Number	ZIP CODE A

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

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g) or (h). <b>Joint Fundraisi</b> r	ng Participant:				
1.			FEC ID r	number	C
2.			   FEC ID r	number	C
3.			   FEC ID r	number	C
4.			 ∣ FEC ID r	number	C
4.					
Name of Any Connected	Organization, Aff	filiated Committee, Joint F	undraising Repre	sentative	e, or Leadership PAC Sponsor
VoteVets 2022 Vi					
Mailing Address	PO Box 11293				
			1 1 1 1 1 1		
	Portland		1	OR	97211
Relationship:		CITY ▲	<u> </u>	STATE A	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	Joint Fundraising F	Representa	ative Leadership PAC Sponsor
Full Name		ss (phone number – optiona			
Mailing Address					
				1 1 1	
			1	1 . 1	1
TITLE OR POSITION	_	CITY A	ST	ATE 🛦	ZIP CODE ▲
TITLE OR POSITION	<b>V</b>	1	Telephone Num	hor	
			relephone mun	ibei	
Banks or Other Deposito	ories: List all bank	s or other depositories in v	hich the committee	e deposit	s funds, holds accounts, rents
safety deposit boxes or m		·		·	,
Name of Bank, Depository, etc.					
Mailing Address					
		CITY ▲		ATE A	ZIP CODE ▲