## 2024 - 04 - 08 - 05 - 00465822

FEC FORM

## STATEMENT OF ORGANIZATION

FORM 1						c	office Use Onl	y
1. NAME OF COMMITTEE (in f	uil)	(Check if name is changed)		nple:If typing, type the lines.	12F	E4M5		
DEMOCRATIC SO			l AC					•
DEMOCIVATIO SO	I I I I I	AMERICA, INC P	1	1 1 1 1 1 1	1 1 1 1	1 1 1 1	1 1 1	
1	· · · · · · · · · · · · · · · · · · ·		1		·		<u> </u>	<del></del>
	75	MAIDEN LANE SU	IITE 909	1.1111				
ADDRESS (number and	1	LI I I I I I	1 1 T	1_1 1 1 1 1		1.		
(Check if ad	ldress		1 					1
is changed)	NE.	W YORK	<u> </u>		NY	1(	0038	
			 	<del></del>	] [			]-[
		CITY ▲	1		STAT	<b>Ē</b> ▲	ZIF	P CODE ▲
COMMITTEE'S E-MAII	L ADDRESS	`						
「文」 (Check if ad	<sub>ldress</sub> mg	rochowski@dsaus	l sa.org					
is changed)			<u> </u>					
	Opti	onal Second E-Mail A	Address					
		<del></del>						
		}						
COMMITTEE'S WEB		S (URL)						
(Check if ad is changed)	ldress							
	1 .							1
		i				,		
2. DATE 04	05	2024						,
0 FEO IDENTIFICA			C0041957	72				
3. FEC IDENTIFICA	ALION NOMBE							
4. IS THIS STATEME	ENT   N	VEW (N) OR	\ X	AMENDED (A	<b>\)</b>			
I certify that I have ex	amined this Sta	tement and to the be	est of my k	nowledge and beli	ef it is true,	correct an	d complete	
Type or Print Name of	Treasurer M	ichael Growchoski	i					
Signature of Treasurer	Michae	el Grochowski			Date	м м 04	05	2024
		İ						<del></del>
NOTE: Submission of fa		or incomplete information					e penalties o	of 52 U.S.C. §30109
Office Use Only			_	For further information Federal Election Communication Free 800-424-953 Local 202-694-1100	mission	,	FEC F (Revised	ORM 1 03/2022)

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate in	nformation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate
Name of ' Candidate [	
Candidate Office Sought: House Senate	President State District
(c) This committee supports/opposes only one candidate, and is NOT an authoria	
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 on line 6.) Its connected organization is
Corporation Corporation w/o Capital Stock	
X 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 N committee. (i.e., nonconnected committee)	IOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor o	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-contrib	oution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee or	
(j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1	C

	2024 - 04 - 0
	8
	03
í	-
	00466
	Ď
;	8
i	Ć
i	مِيا
	4
1	

<u> </u>	_		
_	FEC Form 1 (Revised (		Page <b>3</b>
V	rite or Type Committee Name		
<u> </u>	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
	DEMOCRATIC SOCIAL	ISTS OF AMERICA, INC.	
	Mailing Address	75 MAIDEN LN STE 808	
	<b>3</b>	NEW YORK NY 10038  CITY ▲ STATE ▲ Z	ZIP CODE A
	Relationship: X Connected		eadership PAC Sponso
<del></del> 7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in possessio	n of committee
	TREASI	JRER	
	Mailing Address		
	Title or Position ▼	CITY ▲ STATE ▲ Z	ZIP CODE A
		. Telephone number	
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ne and address of
	of Treasurer i i i	EL GROCHOWSKI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Mailing Address		
		NEW YORK NY 10038	
		CITY ▲ STATE ▲ Z	ZIP CODE A
	Title or Position ▼ TREASURER	212 72' 	7 8610

9.

FEC Form 1 (Revised 03/2022)			Page 4
Full Name of Designated Agent			
Mailing Address			
ــــــــــــــــــــــــــــــــــــــ	<u> </u>		· 
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
		<u>.</u>	
Banks or Other Depositories: List a safety deposit boxes or maintains fur	all banks or other depositories in wh nds.	ich the committee deposits fu	inds, holds accounts, rents
Name of Bank, Depository, etc.			
AMALGAMATE	D BANK		`
275	SEVENTH AVE	<u> </u>	<del></del>
Mailing Address	SEVENTH AVE		
NEW	/ YORK	NY NY	10001
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.			
ı			
Mailing Address			
L			
	CITY A	STATE ▲	ZIP CODE ▲

	1.			FEC ID number	C	
	2.	<u> </u>		FEC ID number	C	
	. 3	1 1 1 1 1 1 1		FEC ID number	С	
	4.			FEC ID number	C	
6.	Name of Any Connected	Organization, Affiliated Co	 ommittee, Joint Fundra 	ising Representative	e, or Leadership PAC Spon	sor
2 Ö						<u> </u>
2 0 2 4					1 1 1 1 1 1 1	<u> </u>
0	Mailing Address				I I I I I I I I I I I I I I I I I I I	1 1
4				 !	1 1 1 1 1 1 1 1 1 1	i I
0 8						L I
0	. Relationship:		ITY A	STATE ▲	ZIP CODE ▲	
0 3 0	Connected	Organization Affiliated	Committee Joint I	Fundraising Representa	ative Leadership PAC Sp	ponsor
1'3	i i					
0 4 8. 6	Designated Agent: Identify	by name, address (phone	number – optional)			
904 8. 8. 8.	Designated Agent: Identify  Full Name	by name, address (phone	number - optional)	·		
<b>©ОЧЬЬ</b> &266		by name, address (phone	number – optional)			
9 <b>0465</b> &26	Full Name	by name, address (phone	number - optional)			
9 <b>0465</b> 826	Full Name	by name, address (phone	number – optional)			
9 <b>04626</b>	Full Name		number – optional)	STATE A	ZIP CODE A	
9 <b>0465</b> &26	Full Name		 	STATE A	ZIP CODE A	
9. 8. 9.	Full Name	CITUTE: List all banks or othe	Tel	ephone Number	ZIP CODE A	ts
	Full Name	CITUTE: List all banks or othe	Tel	ephone Number	· · ·	l l
	Full Name	CITUTE: List all banks or othe	Tel	ephone Number	· · ·	ts
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITUTE: List all banks or othe	Tel	ephone Number	· · ·	ts

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

Page \_\_\_ of \_

ZIP CODE A

STATE ▲

FEC Form 1S (Revised 03/2022)

5(i) or (j).

Joint Fundraising Participant:

1 5 K

MILWAUKEE, WI 53207 APR 05, 2024

20463

RDC 07

\$30.45

R2304M110317-8

28E 760

070 9 5 1. Buck Buch **EXPRESS** 

POSTAL SERVICE ®

PRIORITY

be accepted Socialists of America Inc. PAC 75 Maiden La. Mentock, My 10038 Foderal Agency Acct. No.

53291

E E

Return Roceipt Fee

I ANY WEIGHT

Washington, D.C. Federal Elec

edule tree Package Pickup, scan the QR code.

ZIP + 4º (U.S. ADDRESSES ONLY)

■ For pickup or USPS Tracking", visit USPS.com or call 800-222-1811. ■ \$100.00 insurance included.

PEEL FROM THIS CORNER LABEL 11-B, MAY 2021

PSN 7690-02-000-9998

Employce Signature

SPS.COM/PICKUP

PS10001000006

EP13F July 2022 OD: 12 1/2 x 9 1/2

2024 : 04 : 08 : 08 : 00466827



RECEIVEI FEC MAILCE

COD Fee

ENVELOPE REPLACEMENT PA	ion Commission  GE FOR INCOMING DOCUMENTS  this filing to indicate how it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked 4/5/24
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date Date of Receipt  Next Business Day Delivery
Received via FAX	Date of Receipt
Received via Email	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Spu	4/8/24
(4/2023)	DATE PREPARED