

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

ANNIE KUSTER VICTORY FUND

ADDRESS (number and street)

1 PARK ROW 5TH FL

(Check if address is changed)

PROVIDENCE

CITY ▲

RI

STATE ▲

02903

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

fec@cfoconsults.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

none

2. DATE

05 / 14 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00526210

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 Schorr, Alexandra, , ,

Signature of Treasurer

Schorr, Alexandra, , ,

[Electronically Filed]

Date

05 / 14 / 2021

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 NH District 02

- (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. KUSTER FOR CONGRESS, INC. FEC ID number C C00462861
2. NEW HAMPSHIRE DEMOCRATIC PARTY FEC ID number C C00178038
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

ANNIE KUSTER 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 Galvin, Brendan, , ,

Mailing Address One Park Row

5th Floor

Providence RI 02903

Title or Position CITY STATE ZIP CODE

Custodian of Records Telephone number 401 - 454 - 0990

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 Schorr, Alexandra, , ,

Mailing Address One Park Row, 5th Floor

Providence RI 02903

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 401 - 454 - 0990

Full Name of Designated Agent

Galvin, Brendan, , ,

Mailing Address

One Park Row

5th Floor

Providence

RI

02903

CITY

STATE

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

401

454

0990

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.

Citizens Bank

Mailing Address

One Citizens Plaza

Providence

RI

02903

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE