**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. La Bamba PAC PO Box 15109 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address labambapac@risingblueconsulting.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00753947 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Madras, Andrew,, Date 80 28 2025 Signature of Treasurer Madras, Andrew, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FE	EC Form 1 (Revised 03/2022)	Page 2
	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 cand information below.)  Name of	idate
	Candidate	
	Party Affiliation Sought: House Senate President	tate
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	illot
	Name of Candidate	
	Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a:
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor 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-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	rite or Type Committee Name		
	La Bamba PAC		
3.	Name of Any Connected On Torres, Ritchie, John	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	Mailing Address	PO Box 580303	
		Bronx NY 104	158
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	X Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
	Madras, Ar	drew, , ,	
	Full Name	PO Box 15109	
	Mailing Address		
		Washington DC 200	003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 202	- 635 - 0409
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
	Full Name Madras, Ar of Treasurer	drew, , ,	
	Mailing Address	PO Box 15109	
		Washington DC 200	003
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		_ [ 635

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent		1 1 1 1 1 1 1 1 1	
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		ephone number	
	Depositories: List all banks or other depositories in which thes or maintains funds.	ne committee deposits fund	ds, holds accounts, rents
Name of Bank, De	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC L	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
Į	Live Oak Bank		
Mailing Address	1757 Tiburon Dr		
	Wilmington	NC NC	28403
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	· 9 · ·······		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Torres Victory Fund	Organization, Affiliated Committee, Joint Fundamental Committee, Joint Fun	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 15109		
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X July by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		oint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identif		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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Page	OT 3

h). <b>Joint Fundraisin</b>			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Chutz PAC	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
<u> </u>			
Mailing Address	PO Box 15109		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint  by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)  CITY		
Full Name Mailing Address	ries: List all banks or other depositories in which	STATE A elephone Number  the committee deposi	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A  ts funds, holds accounts, rent
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE A  ts funds, holds accounts, rent
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE A  ts funds, holds accounts, rent