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STATEMENT OF ORGANIZATION

			o	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Biden for Preside	ent			
	PO Box 58174			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Philadelphia		PA 19	102
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	fec@joebiden.com			
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD				
2. DATE 08 26				
3. FEC IDENTIFICATION N	JMBER ► C C	00703975		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true. correct and	d complete.
		, ,	,	·
Type or Print Name of Treasure	r Spencer, Keana, , ,			
Signature of Treasurer	er, Keana, , ,	[Electronically Filed]	Date 08	30 / Y Y Y Y Y 2022
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		penalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FEC Fo	orm 1 (Revised 03/2022)	Page 2
5. TYF	PE OF COMMITTEE:	
Car	ndidate 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 information below.)	e candidate
	lame of Joseph R Biden Jr, Kamala Harris, , ,	
-	Candidate Office Party Affiliation DEM Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(0)	This commute supports/opposes only one candidate, and is NOT an autionized commutee.	
	Name of Candidate	
Par	rty Committee:	
(d)	(National, State (Democratic	c, etc.) Party
Pol	litical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock	organization
	Membership Organization Trade Association Coopera	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)	
(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 P	AC).

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

Biden for President

6.	Name of Any Connected Or Biden Victory Fund	ganization, Affiliated C	ommittee, J	oint F	undrai	ising l	Repre	sentativ	ve, o	r Leade	ership	PAC	Spon	sor	
	Mailing Address	430 South Capitol Street	SE												
		Washington								20003	3				
			CITY 🔺				\$	STATE			ZIP	COD	E 🔺		
	Relationship: Connected	Organization Affiliated	d Organizatio	n 🗴	Joint	Fundra	aising	Represe	entativ	/e	Lead	ership	PAC	Spon	sor

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

Spencer, ł	Keana, , ,			
Full Name				
Mailing Address	PO Box 58174			
	Philadelphia		PA 19102	
	CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nu	mber	

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	Spencer, Keana, , ,
of Treasurer	
Mailing Address	PO Box 58174
	Philadelphia PA 19102
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

	Amalga	mate	ed I	Bar	ηk																							
Mailing Address		275	Seve		Aver	nue																						
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		New	v Yor ∣	k ∣ ∣													NY 				00	03						
								CI	ΓY						:	STA	ΤE						ΖI	ΡC)E ,		
Name of Bank, Do	epository, e	etc.		1 1																								
Mailing Address																												
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								CI	ΓY						:	STA	ΤE						ZI	ΡC)Е 4		