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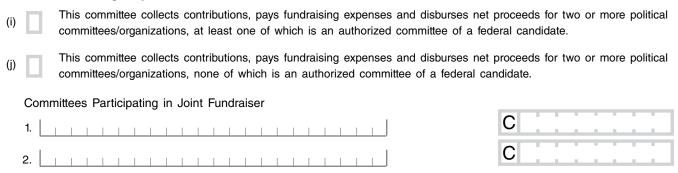
| STATEMENT | OF |
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| ORGANIZATI | ON |

| | | | | Office Use Only |
|-----------------------------------|-------------------------------|--|---------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Bob Casey for Ser | nate Inc | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 58746 | | | |
| (Check if address is changed) | | | | |
| 5, | Philadelphia | | | 9102 |
| | CITY ▲ | | STATE A | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRE | ESS | | | |
| (Check if address is changed) | casey@mbacg.com | | | |
| | Optional Second E-Mail Add | dress | | |
| | | | | |
| 2. DATE 05 / 1 | 4 / Y Y Y Y 2024 | | | |
| 3. FEC IDENTIFICATION N | | 00431056 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examined t | his Statement and to the best | of my knowledge and belief it | is true, correct ar | nd complete. |
| Type or Print Name of Treasure | er Lyons, Charlie, , , | | | |
| Signature of Treasurer Lyor | ns, Charlie, , , | | Date 05 | / D D / Y Y Y Y 14 2024 |
| NOTE: Submission of false, erron | | may subject the person signing t TION SHOULD BE REPORTED | | e penalties of 52 U.S.C. §3010 |
| Office Use Only | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | ontact: | FEC FORM 1 (Revised 06/2012) |

| FE | EC Form 1 (Revised 03/2022) |
|----|-----------------------------|
| 5. | TYPE OF COMMITTEE: |
| | Candidate Committee: |

| (a) X 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 Casey, Robert, P., , Jr. |
| Candidate Party Affiliation DEM Office Sought: House X Senate President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name of Candidate |
| Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the 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.) |
| (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:



Relationship:

| | FEC Form 1 (Revised | 02/2009) | Page 3 |
|----|-----------------------------|---|-----------------------|
| \ | Vrite or Type Committee Nam | le | |
| | Bob Casey for S | Senate Inc | |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundraising Representative, or Lo | eadership PAC Sponsor |
| | Casey Keystone Vic | | |
| | | | |
| | Mailing Address | PO Box 58746 | |

CITY

Affiliated Organization

PA

1

STATE

× Joint Fundraising Representative

19102

1

ZIP CODE

Leadership PAC Sponsor

|Philadelphia

Connected Organization

| 7. | Custodian of Rec books and record | ords: Identify by name, address (phone number optional) and position of the person in possession of committee s. |
|----|--------------------------------------|--|
| | | Mele, Steven, , , |
| | Full Name | |
| | Mailing Address | 611 Pennsylvania Ave SE |
| | | #143 |
| | | Washington DC 20003 |
| | | CITY ▲ STATE ▲ ZIP CODE ▲ |
| | Title or Position | |
| | Assistant Treasure | r Telephone number |

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 | Lyons, Charlie, , , |
|---------------------------|---|
| Mailing Address | PO Box 58746 |
| | |
| | Philadelphia PA 19102 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | |
| Treasurer | Image: Telephone number Image: Telephone number |

| FEC Form 1 | (Revised 02/2009) |
|------------|-------------------|
|------------|-------------------|

| Full Name of Designated Agent | Mele, Steven, , , |
|-------------------------------------|---|
| Mailing Address | 611 Pennsylvania Ave SE |
| | #143 |
| | Washington DC 20003 Image: I |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | |
| Assistant Treasur | er |

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.

| Ar | nalgamated Bank | | |
|--------------------|-------------------------------|----------|--------------|
| Mailing Address | 1825 K St NW | | |
| | | | |
| | Washington | | |
| | | STATE A | ZIP CODE |
| Name of Bank, Depo | sitory, etc. oodsboro Bank | |] |
| Mailing Address | 5 N Main St | | |
| | | | |
| | | MD 21798 | ³ |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |

| 1. | | | FEC | ID number | С | | |
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| 2. | | | FEC | ID number | С | | |
| 3. | | | FEC | ID number | С | | |
| 4. | | | FEC | ID number | С | | |
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| Name of Any Connected | d Organization, Affil | iated Committee, Joint | Fundraising R | epresentativo | e, or Leade | rship PAC S | ponso |
| Senate PA & NV | | | | | | | 1 1 |
| | | | | | | | |
| | | | | | | | |
| Mailing Address | 600 Pennsylvani | a Ave SE | | | | | |
| | #15180 | | | | | | |
| | Washington | | | | 20003 | | |
| Relationship: | | CITY A | | STATE 🔺 | | ZIP CODE | |
| Connecte | ed Organization | Affiliated Committee | ✓ Joint Fundraisi | ng Representa | ative L | eadership PA | C Spor |
| | | | | | | | |
| Full Name | | | | | | | |
| Full Name | | | | | | | |
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| Mailing Address | | | | | | | |
| Mailing Address | <pre></pre> | 1 | | | | | |

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| 2. | | | | FEC | ID number | C | |
| 3. | | | | FEC | ID number | С | |
| 4. | | | | FEC | ID number | С | |
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| Name of | Any Connected | Organization, A | ffiliated Committee, Joir | nt Fundraising I | Representativ | e, or Leadership PAC Spons | sor |
| The L | iftoff Fund | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Ма | iling Address | 600 Pennsylva | ania Ave SE | | | | |
| | | #15180 | | | | | |
| | | Washington | | | DC | 20003 | 1 |
| | ationship: | | CITY A | | | | |
| Rel | | | | | | | |
| | | Organization by name, addre | Affiliated Committee | X Joint Fundrai | sing Represent | ative Leadership PAC Sp |)ON8 |
| | ed Agent: Identify | | | | sing Represent | ative Leadership PAC Sp | oons |
| Designat Full N | ed Agent: Identify | | | | sing Represent | ative Leadership PAC Sp | oons |
| Designat Full N | ed Agent: Identify | | | | sing Represent: | ative Leadership PAC Sp | |
| Designat Full N | ed Agent: Identify | | | | sing Represent: | ative | |
| Designat Full N Mailir | ed Agent: Identify Name | by name, addre | | | sing Represent: | ative | 00ns |
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| 1. | | FEC ID number | C |
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| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representativ | e, or Leadership PAC Sponsor |
| Ohio Pennsylvania V | /ictory 2024 | | |
| | | | |
| | 1 600 Pennsylvania Ave SE | | |
| Mailing Address | µ #15180 | | |
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| | Washington | | |
| Relationship: | CITY 🔺 | STATE A | ZIP CODE |
| | d Organization Affiliated Committee X Joint | | |
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| Designated Agent: Identii | | | |
| Designated Agent: Identii | | | |
| Designated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) | | |
| Designated Agent: Identii | y by name, address (phone number – optional) | I I I I I I I I I I I I I I I I I I I | |

| 5(g) (| or(h). Joint Fundraising | g Participant: | | |
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| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | С |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representativ | e or Leadershin PAC Snonsor |
| 0. | Wyden Fund for a Ser | | | |
| | | | | |
| | Mailing Address | 600 Pennsylvania Ave SE #15180 | | |
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| | | Washington | | 20003 |
| | Relationship: | | STATE 🔺 | ZIP CODE |
| В. | Designated Agent: Identify | by name, address (phone number – optional) | | |
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| | Mailing Address | | | |
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| | Mailing Address TITLE OR POSITION | | | |
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| 9. | | ▼ Te | lephone Number | |
| 9. | TITLE OR POSITION | ▼ Te | lephone Number | |
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| NV PA Vict | ory Fund | | | | | | | 1 1 | | I | 1 1 | 1 1 | | 1 1 | I |
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| Mailing A | ddress | 611 Pennsy | /ivania A | | | | | | | | | | | | |
| | | Suite 143 | | | | | | | | | | | | | |
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| Designated Ag Full Name Mailing Add | Connected (| Drganization Dy name, add Dy name, add | - | iliated Co | mber – 0 | | Dint Fund | raising | Represer | | | Lead | | | |

| 1 2 3 4 Name of Any Co Victory NOW | nnected Organization, Af | filiated Committee, Joint | FEC ID FEC ID FEC ID FEC ID FEC ID | number C number C | |
|---|--------------------------|---------------------------|--|----------------------|-----------------------|
| 3 | - | filiated Committee, Joint | | number C | |
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| Name of Any Co | - | filiated Committee, Joint | | number C | |
| _ | - | filiated Committee, Joint | | | |
| _ | - | filiated Committee, Joint | | | |
| | for Casey | | Fundraising Repr | esentative, or | Leadership PAC Sponso |
| | | | | | |
| | | | | | |
| Mailing Add | ress PO Box 65322 | | | | |
| | | | | | |
| | Washington | | 1 | | 20035 |
| Relationship |): | CITY A | | | |
| | Connected Organization | Affiliated Committee | Joint Fundraising | Description | Leadership PAC Spor |
| Full Name | | | | | |
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| or(h). Joint Fundraising | Participant: | | |
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| Name of Any Connected C | Organization, Affiliated Committee, Joint Fundra | ising Representativ | e, or Leadership PAC Sponsor |
| Senate IMPACT | | | |
| | | | |
| | 600 Pennsylvania Ave SE | | |
| Mailing Address | | | |
| | #15180 | | |
| | Washington | | |
| Relationship: | CITY A | STATE 🔺 | ZIP CODE |
| Designated Agent: Identify Full Name | by name, address (phone number – optional) | | |
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| Maning Address | | | |
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| TITLE OR POSITION | | STATE A | ZIP CODE |
| | Tel | ephone Number | |
| | | | |
| | es: List all banks or other depositories in which t | he committee deposi | ts funds, holds accounts, rents |
| safety deposit boxes or mai | ntains iunus. | | |
| Name of Bank, Depository, etc. | | | |
| Mailing Address | | | |
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| | | Participant: | | | | | | |
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| PA-CT Sen | ate Victory | | | | | | | |
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| | | Washington | | | | | 20035 | |
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| (g) or (h). | Joint Fundraising | Participant: | | | |
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| | H PA WI Victory Fun | | | | |
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| | Mailing Address | 600 Pennsylvania Ave SE | | | |
| | | #15180 | | | |
| | | Washington | | | 20003 |
| | Relationship: | CITY 🔺 | | STATE 🔺 | ZIP CODE |
| | Connected | Organization Affiliated Committee | × Joint Fundraisir | ig Representa | ative Leadership PAC Sponso |
| . Desig | nated Agent: Identify | by name, address (phone number – op | tional) | | |
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| FL | ull Name | | | | |
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| M | ailing Address | | | | |
| M | | | Telephone N | | |
| M | ailing Address | | Telephone N | | |
| M. T | ailing Address | es: List all banks or other depositories | | Number | |
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| M. T | ailing Address | es: List all banks or other depositories tains funds. | | Number | |
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| Name of A | Any Connected C | Drganization, A | Affiliated | Committee | e, Joint Fi | Indraisin | ig Repr | esentativ | ve, or | Lead | ershi | p PAC | C Spo | onsor |
| MN PA | Victory Fund | | | | | | | | | | | | | |
| | | | | | | 1 1 | | | | | | | | 1 |
| <u> </u> | | 611 Pennsylv | vania Ave 9 | SE | | | | | | | | | | |
| Maili | ng Address | | | | | | | | | | | | | |
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| | | Washington | | | | | | | | | | | | |
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| Name of A | Any Connected C | Organization, A | ffiliated Committ | ee, Joint Fur | ndraising R | epresentativ | e, or Lea | adership | PAC S | ponsor |
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| <u> </u> | | 1 600 Pennsylva | | | | | | | | |
| Mail | ng Address | | | | | | | | | |
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| | | Washington | | | | | 200 | 003 | | |
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| | | Organization | CITY A | | pint Fundrais | ing Represent | ative | Leade | | C Spons |
| Designate | Connected | | Affiliated Comm | | bint Fundrais | | ative | Leade | | C Spons |
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| 1 FEC ID number 2. FEC ID number 3. FEC ID number 4. FEC ID number 4. FEC ID number C FEC ID number Mailing Address 600 Pennsylvania Ave SE Mailing Address FITHE OR POSITION V CITY A STATE A ZIP CODE A Mailing Address FITHE OR POSITION V |) or (h). Joint Fun | draising Participant: | | | | | |
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| 2. | 1. | | | FEC IE |) number | С | |
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| Area Area Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sport Senate Victory MI & PA Area Area Mailing Address 600 Pennsylvania Ave SE Area Mailing Address 600 Pennsylvania Ave SE Area Washington DC 20003 Washington DC 20003 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Address Affiliated Committee Joint Fundraising Representative Leadership PAC S TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ | 3. | | | FEC IE |) number | С | |
| Senate Victory MI & PA Mailing Address 600 Pennsylvania Ave SE mailing Address #15180 Washington Washington Washington Washington CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ | 4. | | | |) number | С | |
| Senate Victory MI & PA Mailing Address 600 Pennsylvania Ave SE Mailing Address #15180 Washington Washington Washington CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Attribute Attribute Attribute Attribute Attribute Attribute Attribute Attribute Attribut | | | | | | | |
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