Only

STATEMENT OF

PAGE 1/6 •

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 314 Action Fund PO Box 14560 ADDRESS (number and street) (Check if address is changed) Washington 20044 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@314actionfund.org is changed) Optional Second E-Mail Address 314action@acuitypolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.314actionfund.org (Check if address is changed) DATE 2025 C00633248 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 Roberson, John, , Date 07 14 2025 Signature of Treasurer Roberson, John, , , 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	C Form 1 (Revised 03/2022) Page 2	
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 District	_
	(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 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) X 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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	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	
	1C	
	2.	

	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	/rite or Type Committee Name			
	314 Action Fund			
ò .		ganization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leaders	ship PAC Sponsor
	314 Action Victory Fu	nd 		
	Mailing Address	PO Box 14560		
		Washington	DC 20044	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraisin	g Representative	Leadership PAC Sponso
<u>.</u>	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position	of the person in possess	sion of committee
	Roberson, v	lohn		
	Full Name	, , , , , , , , , , , , , , , , ,		
	Mailing Address	PO Box 14560		
		Washington	DC 20044	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone nu	mber 202	240 7451
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the na	ame and address of
	Full Name Roberson, of Treasurer	John, , ,		
	Mailing Address	PO Box 14560		
		Washington	DC 20044	
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
	01 1 001011 ¥			

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number Telephone number Description ▼ Telephone number Telephone number Telephone number Telephone number Telephone number Description ▼ Telephone number Telephone n	FEC Form 1	(Revised 02/2009)		Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number Telephone number Telephone number Telephone number Telephone number DC 20006 CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Amalgamated Bank Mailing Address Telephone number Tel	Designated			
Title or Position ▼ Telephone number	Mailing Address			
Title or Position ▼ Telephone number				
Title or Position ▼ Telephone number				
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. Amalgamated Bank Mailing Address CITY STATE ZIP CODE Name of Bank, Depository, etc. FirstBank Mailing Address 27 S Broad St Lexington Lexington	Title on Desition		STATE ▲	ZIP CODE ▲
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. Amalgamated Bank Mailing Address 1825 K St NW	little or Position		hau	
Name of Bank, Depository, etc. Amalgamated Bank Mailing Address 1825 K St NW		ielepnone num	ber	
Amalgamated Bank Mailing Address 1825 K St NW	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee xes or maintains funds.	e deposits fu	unds, holds accounts, rents
Mailing Address 1825 K St NW	Name of Bank, [Depository, etc.		
Washington CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. FirstBank Mailing Address 27 S Broad St Lexington KY 38351		Amalgamated Bank		
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. FirstBank Mailing Address 27 S Broad St	Mailing Address	1825 K St NW		
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. FirstBank Mailing Address 27 S Broad St				
Name of Bank, Depository, etc. FirstBank Mailing Address 27 S Broad St Lexington KY 38351		Washington	DC	20006
Mailing Address 27 S Broad St Lexington KY 38351 -		CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address 27 S Broad St Lexington KY 38351	Name of Bank, D	Depository, etc.		
Lexington KY 38351		FirstBank		
	Mailing Address	27 S Broad St		
CITY ▲ STATE ▲ ZIP CODE ▲		Lexington	KY	38351
		CITY ▲	STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Dago	of ⁶	
Page	01	

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , 314 ACTION IMPAC	I Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
314 ACTION IIVII AC	I JEATE		
Mailing Address	PO BOX 14560		
	WASHINGTON	DC	20044
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains 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

Paga	of ⁶
Page	01

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundament	draising Representative	e, or Leadership PAC Spons
ERIC SORENSEN \	CTORY FUND		
Mailing Address	PO BOX 1172		
	MOLINE		61265
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connection Connectica Connection	Affiliated Committee X Joi	nt Fundraising Representa	
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A