(Revised 06/2012)

FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1/6 •

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Harris for President PO Box 58174 ADDRESS (number and street) (Check if address is changed) Philadelphia 19102 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@kamalaharris.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00703975 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 Spencer, Keana,, Date 80 06 2024 Signature of Treasurer Spencer, Keana, , , 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

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of Candidate Kamala Harris, Timothy Walz, , ,	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(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,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	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 committee. (i.e., nonconnected committee)	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 PAGE)	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

ı	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	rite or Type Committee Name			
_	Harris for Preside			
6.	-	ganization, Affiliated Committee, Join	t Fundraising Representa	tive, or Leadership PAC Sponsor
	Harris Victory Fund			
	Mailing Address	430 South Capitol Street SE		
		Washington	DC	20003
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number op	otional) and position of the po	erson in possession of committee
	Spencer, Ko	eana, , ,		
	Full Name	PO Box 58174		
	Mailing Address	1 0 B0X 30174		
		Philadelphia	PA	
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasuer		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of ssistant treasurer).	the treasurer of the comm	ittee; and the name and address of
	Full Name Spencer, Ke	eana,,,		
		PO Box 58174		
	Mailing Address			
		Philadelphia	PA	19102
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent Mailing Address	Vogel, Taryn, , , PO Box 58174 Philadelphia PA 19	102
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼ Assistant Treasur		
Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, see or maintains funds.	holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	Amalgamated Bank 275 Seventh Avenue New York NY 100	003
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page	of ⁶

h). Joint Fundraisii	ig Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spons
Harris Action Fund			
Mailing Address	430 South Capitol Street SE		
-			
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
	d Organization Affiliated Committee X	oint Fundraising Represen	tative Leadership PAC Sp
			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional		
esignated Agent: Identif	by by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional		
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whom the state of the state o	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

Page ___ **of** 6

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Harris Baldwin Victo	ry Fund		
Mailing Address	PO Box 58174		
	Philadelphia	PA	19102
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	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.	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A