Only

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STATEMENT OF **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. Vindman for Congress 4222 Fortuna Center Plz, Ste 664 ADDRESS (number and street) (Check if address is changed) **Dumfries** 22025 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@cfoconsults.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) vindmanforcongress.com (Check if address is changed) DATE 30 2025 C00856955 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 Murray, Allison, , Date 07 15 2025 Signature of Treasurer Murray, Allison, , , 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

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 information below.)	e the candidate
Name of Candidate Vindman, Yevgeny 'Eugene', , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State VA District 07
(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 Republic	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	or Organization
Membership Organization Trade Association Coo	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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	d 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1C	

ı	FEC Form 1 (Revised 0)	2/2009)		Page 3
V	/rite or Type Committee Name			
	Vindman for Con	gress		
6.	-	ganization, Affiliated Committee, Joint I	Fundraising Representati	ve, or Leadership PAC Sponsor
	Schiff Vindman Victor	y Fund		
	Mailing Address	One Park Row, 5th Floor		
		Providence	RI	02903
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	✓ Joint Fundraising Repres	entative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number option	onal) and position of the per	rson in possession of committee
	Murray, Alli	son, , ,		
	Mailing Address	One Park Row, 5th Floor		
		Providence	ı ı RI	1 102903
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	ne treasurer of the commit	tee; and the name and address of
	Full Name Murray, Alli of Treasurer	son, , ,		
	Mailing Address	One Park Row, 5th Floor		
	Mailing Address	I		
		Providence	, , , , , RI	02903
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲
	Treasurer		Telephone number	401 - 454 - 0990

FE	C Form 1	(Revised 02/2009)		Page 4
Full Na Designa Agent		Galvin, Brendan, , ,		
Mailing	Address	One Park Row, 5th Floor		
		Providence	RI L	02903
Title or	Position •	CITY ▲	STATE ▲	ZIP CODE ▲
Accou		Telephone ı	number	
Banks safety d	or Other deposit bo	Depositories: List all banks or other depositories in which the common kes or maintains funds.	nittee deposits f	unds, holds accounts, rents
Name o	of Bank, D	epository, etc.		
		Amalgamated Bank		
Mailing	Address	1825 K Street NW		
		Washington	DC	20006
		CITY A	STATE ▲	ZIP CODE ▲
Name o	of Bank, D	epository, etc.		
		Citizens Bank		
Mailing	Address	30 Kennedy Plaza		
		Providence	L RI ⊥	02903
		CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connector	I Organization, Affiliated Committee, Joint Fu	ndraicing Poprocontativ	a or Loadorchin BAC Spon
Serve America Victo		Huraising Representativ	e, or Leadership FAO Spons
Mailing Address	PO Box 2013		
	Salem	MA MA	01970
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)		
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 what 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 management of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, repository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in what intains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent

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

Page ___ **of** 8___

(h). Joint Fundraisir	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fe	undraising Representativ	re, or Leadership PAC Spons
Vindman Victory Fun			
Mailing Address	4222 Fortuna Center Plaza, Ste 664		
	Dumfries	, , , , VA	22204
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X	Joint Fundraising Represent	tative Leadership PAC Spo
Connecte	d Organization Affiliated Committee X y by name, address (phone number – optional	Joint Fundraising Represent	tative Leadership PAC Spo
Connecte		Joint Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identif		Joint Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identif Full Name		Joint Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identif Full Name		Joint Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optiona	Joint Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif Full Name	y by name, address (phone number – optiona	Joint Fundraising Represent	
Connecte Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	y by name, address (phone number – optiona CITY CITY ries: List all banks or other depositories in where the state of	Joint Fundraising Represent	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mailing and mailing an	y by name, address (phone number – optiona CITY CITY ries: List all banks or other depositories in where the state of	Joint Fundraising Represent	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	-3 · ······		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
T			
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Democracy Summer	2026		
Mailing Address	600 Pennsylvania Ave SE #15180		
ŭ			
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee X J		Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains 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.	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Frontline Protection	Fund		
	PO Box 65322		
Mailing Address			
	Washington	DC DC	20036
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
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