(Revised 06/2012)

Only

STATEMENT OF

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FORM 1		UH	IGAN	11 <i>ZF</i>	411 (JN															
														-	Office	Use	e Only	у			
1. NAME OF COMMITTEE (in	full)		eck if nam changed)	1e		mple: r the		ing, t	ype		12	FE	4M.	5	_	_					
BOLD Ameri	ca					1 1				1							1				ı
															1 1						
ADDRESS (number an	d street)	PO Box 158	345					1 1										1 1			
(Check if a is changed	ddress						ı														
is changed	,	Washington	1							l	D	ÇΙ		20	0003			1_1			
		CITY	, A							l	STA	ATE.	A				ZIF	, CC	DE 4	\ \	
COMMITTEE'S E-MA	IL ADDRES	SS																			
(Check if a is changed		ckoob@ml	bacg.com																		
		Optional Se		ail Add	ress																ı
			9																		
COMMITTEES MED		DECC (UDI.)	`																		
COMMITTEE'S WEB (Check if a		HESS (UHL))																		
is changed																					
2. DATE 05			025																		
3. FEC IDENTIFIC	ATION NU	MBER >	C	C0	085429	9															
4. IS THIS STATEM	IENT	NEW (N	I) O)R	×		AMEI	NDE) (A)												
I certify that I have ea	xamined thi	s Statement	and to the	e best o	of my	knowl	edge	and	belie	f it is	s tru	e, co	orrec	t an	nd co	omp	lete.				
Type or Print Name o	of Treasurer	Koob, Chris	stopher,,,																		
Signature of Treasure	r Koob,	Christopher, ,	, ,							[Date		M 0	M 5	1	29	D	/ Y	202	25	Y
NOTE: Submission of f	alse, erroned	ous, or incom													e pe	nalti	es o	f 52	U.S.C	C. §3	0109.
Office Use		THE STRUCT		2 N	. 5.1. 01	For f	urther	infor	matio	n cor	ntact:		. 211	. J.		_		OR	M 1		_

Toll Free 800-424-9530

Local 202-694-1100

FE	C Form 1	(Revised 03/2022)	Page 2
j.	TYPE O	F COMMITTEE:	
	Candida	ate 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 information below.)	the candidate
	Name Candid		
	Candid Party A	late Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand		
	Party C	Committee:	
	(d)	This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party
	Politica	I Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted organization is a:
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coope	_
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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) X	This committee is an independent expenditure-only political committee (Super PAC).	
	(6)	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 F	undraising 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.	or more political
	(j)	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.	or more political
	Comr	mittees Participating in Joint Fundraiser	
	1	C	
	_		

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V	Irite or Type Committee Name		
	BOLD America		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	DEMOCRATS 2024		
		₁ PO BOX 15845	
	Mailing Address	FO BOX 13043	
		WASHINGTON DC 2000	3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
		ify by name, address (phone number optional) and position of the person in posse	ession of committee
	books and records.		
	Koob, Chris	stopher, , ,	
	Full Name		
	Mailing Address	PO Box 15845	
		1	
		Washington DC 2000	3 , ,
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	812 - 7935
i.	Treasurer: List the name and	d address (phone number optional) of the treasurer of the committee; and the	name and address of
	any designated agent (e.g., a	assistant treasurer).	
	Full Name Koob, Chris	stopher, , ,	
	of Treasurer	<u> </u>	
	Mailing Address	PO Box 15845	
		Washington DC 2000	3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	22	
	Treasurer		812 7935
		Telephone number	

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Full Name of Designated Agent	Mele, Steven, , ,		
Mailing Address	PO Box 15845		
	Washington	DC	20003
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position			
Assistant Treasu	Telephone	number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits fu	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street, NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
DEMOCRATS 2026	Organization, Affiliated Committee, Joint Fu	ndraising Hepresentativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 15845		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	oint Fundraising Represent	Leadership PAC Sp
Connecte			Leadership PAC Sp
Connecte			Leadership PAC Sp
esignated Agent: Identification			Leadership PAC Sp
esignated Agent: Identification			Leadership PAC Sp
esignated Agent: Identification	by by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A cries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number ich the committee deposit	ZIP CODE A