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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. DePasquale Victory Fund 80 M St., SE ADDRESS (number and street) c/o Kalik & Associates (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS matt@eugeneforcongress.com (Check if address is changed) Optional Second E-Mail Address jason@kalikassociates.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00749028 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Sommer, Matt, , , Type or Print Name of Treasurer Sommer, Matt,,, [Electronically Filed] Date 2021 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
TYP	E OF C	OMMITTEE				
Car	ndidate	te 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.)				
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Can	ne of didate					
Par	ty Con	nmittee:				
(d)		· · · · ·	Democratic, epublican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)			ected 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 NO committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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.)				
Join	nt Fund	raising Representative:				
(g)	×	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			
(h)		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			
	Committees Participating in Joint Fundraiser					
	1.	DEPASQUALE FOR PA 10 FEC ID number C C007	10533			
	2.	PENNSYLVANIA DEMOCRATIC PARTY FEC ID number C C0016	57130			
	3.	FEC ID number				
	4.					

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Write or Type Committee Nam						
DePasquale Vi	ctory Fund					
· · · · · · · · · · · · · · · · · · ·	Organization, Affiliated Committee, Joint Fundraising Representativ	/e, or Leadership PAC Sponsor				
NONE						
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor				
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the	person in possession of committee				
Hinton, Ja	ıson, , ,					
Mailing Address	80 M St., SE					
Mailing Address	c/o Kalik & Associates					
	Washington	20003				
Title or Position	CITY STATE	ZIP CODE				
Compliance	Telephone number	202 316 3677				
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).						
Full Name Sommer, of Treasurer	Matt, , ,					
Mailing Address	80 M St., SE					
	c/o Kalik & Associates					
	Washington	20003				
Title or Position	CITY STATE	ZIP CODE				
Treasurer	Telephone number	717				

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Full Name of Designated Hinto Agent	on, Jason, , ,						
Mailing Address	80 M St., SE						
	c/o Kalik & Associates						
	Washington CITY	DC 2 STATE	ZIP CODE				
Title or Position Complaince		phone number 202	316 3677				
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 Street, NW		<u> </u>				
J - 123, 000							
	Washington	DC 2	20006				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY	STATE					