FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 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 10 12 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 (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) 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 District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
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	rganization
Membership Organization Trade Association Cooperate	
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)	I 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 PA	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	
1C	

•	FEC Form 1 (Revised	02/2009)	Page 3
۷	Vrite or Type Committee Nam	ie	
	Harris for President	dent	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
	Harris Victory Fund		
	Mailing Address	430 South Capitol Street SE	
		Washington	20003
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Relationship: Connecte	ed Organization Affiliated Organization X Joint Fundraising Repr	resentative Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the p	person in possession of committee
	Spencer,	Keana, , ,	
	Mailing Address	PO Box 58174	
		Philadelphia	A 19102
		0.000	
	Title or Position ▼	CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Treasuer	Telephone number	
8.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the common assistant treasurer).	mittee; and the name and address of
	Full Name Spencer, of Treasurer	, Keana, , ,	
	Mailing Address	PO Box 58174	
	Mailing Address		
		Philadelphia P. P.	'A 19102
	Title or Position ▼	CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Treasurer	I	
		Telephone number	

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Full Name of Designated Agent	Vogel, Taryn, , ,		
Mailing Address	PO Box 58174		
	Philadelphia	PA	19102
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur	rer Telephone r	number	
	Depositories: List all banks or other depositories in which the commess or maintains funds.	nittee deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	275 Seventh Avenue		
	New York	NY	10003
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	100 North Tryon Street		
	Charlotte	NC	28255
	CITY ▲	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 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
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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	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
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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