## 2024 - 04 - 12 - 05 - 0046728\$

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

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2024 APR 12 PM 1: 11

			Office Use Only			
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5			
MMG VANADIL	IM POLITICI	AL ACTION	COMMITTEE			
AMG VANADIL	1 M PAC					
ADDRESS (number and street)	0,0,7,9,0, S,0,U;	THGATE, ROA	D			
(Check if address is changed)	1					
	CAMBRIDGE		0 H 43725- L ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	ss					
(Check if address is changed)	SIBUCILITE 1 101	a,mg,-,v,,,c,o,m,				
	Optional Second E-Mail Add	iress				
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		ı			
is changed)						
2. DATE 04 10 2024						
3. FEC IDENTIFICATION NUMBER ▶ CD0429753						
4. IS THIS STATEMENT NEW (N) OR MENDED (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 Shawn Butte!						
Signature of Treasurer	Shaw Str		Date 09 10 2029			
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 Use Only		For further information oc Federal Election Commission Toll Free 800-424-9530	ECL. ELIBINI I			

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	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	mittee. (Complete the candidate
Name of Candidate	· · · · · · · · · · · · · · · · · · ·
Candidate Party Affiliation Office Sought: House Senate	President State  District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
	Topasioun, c.o., runy
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on	line 6.) Its connected 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.	<b>—</b>
(f) This committee supports/opposes more than one Federal candidate, and is NOT a	separate segregated fund or party
committee. (i.e., nonconnected committee)	
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)	l.
In addition, this committee is a Lobbyist/Registrant PAC.	
	accounts (Hubrid BAC)
	accounts (Hybrid FAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed	
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	
Committees Participating in Joint Fundraiser	
1. Languaga a a a a a a a a a a a a a a a a a	C
2.	

j	FEC Form 1 (Revised 0	03/2022)		Page 3
- N	rite or Type Committee Name AMG Vanadium	2011	Committee	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Representative, or Lea	dership PAC Sponsor
		<u> </u>	<u> </u>	
				<u> </u>
	Mailing Address			
	·.·	CITY ▲	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number opti	ional) and position of the person in poss	session of committee
	Full Name			
	Mailing Address			
	Tale or Decision —	CITY ▲	STATE ▲	ZIP CODE A
	Title or Position ▼	1	1 1	
		<u> </u>	Telephone number	
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of tassistant treasurer).	the treasurer of the committee; and th	e name and address of
	Full Name of Treasurer		<del>                                      </del>	
	Mailing Address			
			با ليا ليبيا	
	Title or Position =	CITY ▲	STATE ▲	ZIP CODE ▲
ı	Title or Position ▼		Telephone number	

rec romi	1 (Revised 03	/2022)					Page 4
Full Name of Designated Agent	TOM	L, CEN	.T.A		1111	1 1 1 1	11111
Mailing Address		60790	SOUTHGA	ATE RO	$A_{\perp}D_{\perp}$	<u> </u>	<u> </u>
		L		.	1111		1 1 1 1 1 1
		ICIAMBIR	IDGE	<u> </u>	DHI	143	7251-[
Title or Position	_		CITY A		STATE ▲		ZIP CODE ▲
DIRECT		<del>                                     </del>		Telephone	number [7	<u> 4</u>  0] - [4	1351-1461
Banks or Other safety deposit bo			or other depositories in	n which the comr	nittee deposits	funds, hold	s accounts, rents
Name of Bank, I	Depository, etc	<b>.</b>					
Name of Bank, I	Depository, etc						1 1 1 1 1 1
	Depository, etc	: 					
Name of Bank, I	Depository, etc	:. 					
	Depository, etc	: 					
	Depository, etc	: 	CITY A		STATE A		ZIP CODE A
	<u>                                     </u>		CITY A		STATE A		ZIP CODE A
Mailing Address	<u>                                     </u>		CITY A		STATE A		ZIP CODE A
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Mailing Address  Name of Bank, I	<u>                                     </u>		CITY A		STATE A		ZIP CODE A
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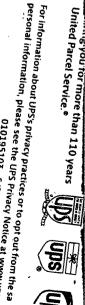
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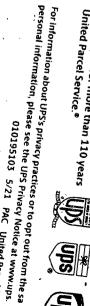
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