

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American Bridge 21st Century

ADDRESS (number and street)

455 Massachusetts Ave NW

☐ (Check if address is changed)

Ste 650

Washington

CITY ▲

DC

STATE ▲

20001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

smele@mbacg.com

Optional Second E-Mail Address

ldecot@mbacg.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

http://www.americanbridgepac.org

2. DATE

MM / DD / YYYY  
12 / 28 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00492140

4. 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.

Type or Print Name of Treasurer Rodell Mollineau

Signature of Treasurer Rodell Mollineau

[Electronically Filed]

Date

MM / DD / YYYY  
12 / 28 / 2015

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. 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 candidate information below.)

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 committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**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.
- (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.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

|    |       |               |         |
|----|-------|---------------|---------|
| 1. | _____ | FEC ID number | C _____ |
| 2. | _____ | FEC ID number | C _____ |
| 3. | _____ | FEC ID number | C _____ |
| 4. | _____ | FEC ID number | C _____ |

Write or Type Committee Name

**American Bridge 21st Century****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Rodell Mollineau

Mailing Address 455 Massachusetts Ave NW

Ste 650

Washington

DC

20001

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Rodell Mollineau

Mailing Address 455 Massachusetts Ave NW

Ste 650

Washington

DC

20001

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

202

552

0221

Full Name of  
Designated  
Agent

Steve Mele

Mailing Address

611 Pennsylvania Ave SE

#143

Washington

DC

20003

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. **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

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Eagle Bank

Mailing Address

1725 Eye Street NW

Washington

DC

20006

CITY

STATE

ZIP CODE

**FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)**

FEC Form 1S (Revised 06/2011)

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**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.

**[ ADDITIONAL ]**

TD Bank

Mailing Address

605 14th St NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

**[ ADDITIONAL ]****Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

**[ ADDITIONAL ]****Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant****[ ADDITIONAL ]**

FEC ID number

C