

# 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

SERVE AMERICA VICTORY FUND

ADDRESS (number and street) PO BOX 2013  
 (Check if address is changed)  
SALEM MA 01970  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) DARRYL@COMMONCENTSCONSULTING.NET

Optional Second E-Mail Address  
TARA@COMMONCENTSCONSULTING.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) NONE

2. DATE 01 / 03 / 2018

3. FEC IDENTIFICATION NUMBER C C00653295

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 TATTRIE, DARRYL, , ,

Signature of Treasurer TATTRIE, DARRYL, , , [Electronically Filed] Date 01 / 03 / 2018

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 Only				
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For 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.	JOSH BUTNER FOR CONGRESS	FEC ID number	C	C00637389
2.	JASON CROW FOR CONGRESS	FEC ID number	C	C00637363
3.	FRIENDS OF DAN FEEHAN	FEC ID number	C	C00649327
4.	KEN HARBAUGH FOR CONGRESS	FEC ID number	C	C00646752

Write or Type Committee Name

# SERVE AMERICA VICTORY FUND

**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 TATTRIE, DARRYL, , ,

Mailing Address PO BOX 2013

SALEM

MA

01970

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 TATTRIE, DARRYL, , ,

Mailing Address PO BOX 2013

SALEM

MA

01970

Title or Position  
TREASURER

CITY

STATE

ZIP CODE

Telephone number

Full Name of Designated Agent GILLIGAN, TARA, , ,

Mailing Address PO BOX 2013 SALEM MA 01970 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 275 7TH AVE NEW YORK NY 10001 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. KOPSER FOR CONGRESS
- 2. MCCREADY FOR CONGRESS
- 3. FRIENDS OF RD
- 4. PATRICK RYAN FOR CONGRESS

FEC ID number	C	C00641191
FEC ID number	C	C00641381
FEC ID number	C	C00637918
FEC ID number	C	C00647115

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_  
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. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). Joint Fundraising Participant:

- 1. AARON SCHEINBERG FOR CONGRESS
- 2. MIKIE SHERRILL FOR CONGRESS
- 3. CHRISSY HOULAN FOR CONGRESS
- 4. AMY MCGRATH FOR CONGRESS

FEC ID number	C00650077
FEC ID number	C00640003
FEC ID number	C00637371
FEC ID number	C00646745

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE
 Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, 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., Mailing Address, CITY, STATE, ZIP CODE

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

5(g) or (h). Joint Fundraising Participant:

- 1. SERVE AMERICA PAC
- 2. CISNEROS FOR CONGRESS
- 3. COMMITTEE TO ELECT JARED GOLDEN
- 4. BRENDAN KELLY FOR SOUTHERN ILLINOIS

FEC ID number	C	C00571174
FEC ID number	C	C00650648
FEC ID number	C	C00653816
FEC ID number	C	C00649558

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE
 Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

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Name of Bank, Depository, etc., Mailing Address, CITY, STATE, ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. CONOR LAMB FOR CONGRESS
- 2. GINA ORTIZ JONES FOR CONGRESS
- 3. MAX ROSE FOR CONGRESS
- 4. ELISSA SLOTKIN FOR CONGRESS

FEC ID number	C00657411
FEC ID number	C00652297
FEC ID number	C00652248
FEC ID number	C00650150

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address

Mailing address fields

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Full name field

Mailing Address

Mailing address fields

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Title or position field

Telephone Number

Telephone number field

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.

Name of bank field

Mailing Address

Mailing address fields

CITY ▲

STATE ▲

ZIP CODE ▲