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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Committee to Elect Ayanna Pressley PO Box 240912 ADDRESS (number and street) (Check if address is changed) **Dorchester Center** 02124 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://ayannapressley.com (Check if address is changed) DATE 08 2020 C00667741 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. Watson, Roslyn, , , Type or Print Name of Treasurer Watson, Roslyn,,, [Electronically Filed] 07 08 2020 Signature of Treasurer Date 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

ı	FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)  Pressley, Ayanna, , ,	olete the candidate
Cano	lidate		
	lidate Affiliatio	on DEM Office Sought: X House Senate President	State MA District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Namo	e of lidate		
Part	ty Con	nmittee: (National, State	Democratic,
(d)			Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	
The Committee to Elect Ayanna Pressley	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Clark Pressley Trahan Victory Fund	
PO Box 15 Mailing Address	
Boston MA 02	137
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records.	in possession of committee
Mele, Steve, , ,	1
Full Name611 Pennsylvania Ave. SE	
Mailing Address Suite 143	
	003
Washington DC 20	
Title or Position CITY STATE	ZIP CODE
Assistant Treasurer  Telephone number	
. <b>Treasurer</b> : List the name and address (phone number optional) of the treasurer of the committee; and t any designated agent (e.g., assistant treasurer).	he name and address of
Full Name Watson, Roslyn, , ,	1
of Treasurer	
Mailing Address	
554 Washington Street	
	124
CITY STATE  Title or Position , Treasurer	ZIP CODE
Telephone number	- [

FEC Form	n 1 (Revised 02/2009)	age <b>4</b>
Full Name of Designated Agent	Mele, Steve, , ,	
Mailing Address	611 Pennsylvania Avenue SE	
	Suite 143	
	Washington DC 20003 - CITY STATE ZIP COD	<u> </u>
Title or Position Assistant Treasu	urer Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds account	o, 101163
safety deposit bo Name of Bank, [	oxes or maintains funds.	
	Depository, etc.	
Name of Bank, [	Depository, etc.  Amalgamated Bank	
Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K Street NW	
Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP COD	
Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP COD	
Name of Bank, [Mailing Address  Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP COD	
Mailing Address  Mame of Bank, E	Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP COD	
Name of Bank, [Mailing Address  Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP COD	
Name of Bank, D	Depository, etc.  Amalgamated Bank  1825 K Street NW  Washington  CITY  STATE  ZIP COD	)

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

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected Activating Voices	Organization, Affiliated Committee, Joint Fundr Victory Fund	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	611 Pennsylvania Ave SE		
		Ste 143		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.		s funds, holds accounts, rents
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.		s funds, holds accounts, rents
9.	Name of Bank,	ies: List all banks or other depositories in which intains funds.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.		s funds, holds accounts, rents

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

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundrais</b> i	3		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		-	
lame of Any Connected	d Organization, Affiliated Committee, Joint Fo	ndraising Representativ	e, or Leadership PAC Spons
The Squad Victo	ry Fund		
	611 Pennsylvania Ave SE		
Mailing Address			
	Num 143		
	Washington	DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optiona		Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optiona		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optiona	STATE A	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optiona  CITY ▲  Ories: List all banks or other depositories in whether the state of	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optiona  CITY ▲  Ories: List all banks or other depositories in whether the state of	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, repository, etc.	ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A