**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. We Invest in Lives and Dreams (WILD) PAC 600 Pennsylvania Avenue SE ADDRESS (number and street) #15180 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00776310 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. Nissen, Melissa, , , Type or Print Name of Treasurer Nissen, Melissa, , , [Electronically Filed] 12 2021 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

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
	ves and Dreams (WILD) PAC	
-	Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Wild, Susan, , ,	<u>                                      </u>	
Mailing Address	1636 N Cedar Crest Blvd	
	Num 183  Allentown PA	18104
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representati	ive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the per	rson in possession of committee
Nissen, Me	elissa, , ,	
Full Name	600 Pennsylvania Avenue SE	
Mailing Address	ı#15180	
	Washington DC	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02 544 6960
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Nissen, Me	alissa, , ,	
Mailing Address	600 Pennsylvania Avenue SE	
	<u> </u> #15180	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer		02 544 6960

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of		<u> </u>
Designated Agent		
Mailing Address		
	CITY STATE ZIE	P CODE
Title or Position		_
	Telephone number	
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds.  Depository, etc.	iccounts, rents
Banks or Other safety deposit bo Name of Bank, D Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW	iccounts, rents
safety deposit bo. Name of Bank, D	Depository, etc.  Amalgamated Bank	iccounts, rents
safety deposit bo. Name of Bank, D	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  DC 20006	accounts, rents
safety deposit bo. Name of Bank, D	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  ZI	
safety deposit bo. Name of Bank, D. Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  ZI	
safety deposit bo. Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  ZI	
safety deposit bo. Name of Bank, D. Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  ZI	
safety deposit bo. Name of Bank, D. Mailing Address  Name of Bank, D.	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  ZI	
safety deposit bo. Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  ZI	

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). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Wild for PA Victor	y Fund		
	<sub>I</sub> 600 Pennsylvania Avenue SE		
Mailing Address	#15180		
			20000
	Washington 	DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	nt Fundraising Representa	
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mails are of Bank,	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mails are of Bank,	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	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 which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A