Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Together Everyone Realizes Real Impact 1 M Street SE ADDRESS (number and street) Suite 275 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Compliance@ABConsultingDC.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2025 C00525030 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. Type or Print Name of Treasurer Angerholzer, Lindsay,, Date 01 03 2025 Signature of Treasurer Angerholzer, Lindsay, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FE  | Form 1 (Revised 03/2022)   | age <b>2</b>   |  |  |  |
|---|--|----------------|--|--|--|
| 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 Dist   | ate            |  |  |  |
|   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | Hict           |  |  |  |
| Name of Candidate   |  |                |  |  |  |
|   | arty Committee:  |                |  |  |  |
|   | This committee is a (National, State or subordinate) committee of the Republican, etc.) P  | arty           |  |  |  |
|   | olitical Action Committee (PAC):   |                |  |  |  |
|   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ   | nization is a: |  |  |  |
|   | Corporation Corporation w/o Capital Stock Labor Organiza   | tion           |  |  |  |
|   | 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 committee. (i.e., nonconnected committee) |  |                |  |  |  |
|   | In addition, this committee is a Lobbyist/Registrant PAC.  |                |  |  |  |
|   | X 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).   |                |  |  |  |
|   | In addition, this committee is a Lobbyist/Registrant PAC.  |                |  |  |  |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).  |  |                |  |  |  |
|   | In addition, this committee is a Lobbyist/Registrant PAC.  |                |  |  |  |
|   | pint Fundraising Representative:   |                |  |  |  |
|   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.       | political      |  |  |  |
|   | (j) 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   |                |  |  |  |
|   | 1C   |                |  |  |  |

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|----|--|--|--------------------------------------|--|--|
| ٧  | /rite or Type Committee Name   |  |                                      |  |  |
|    |  | ne Realizes Real Impact                                    |                                      |  |  |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SEWELL, TERRYCINA ANDREA, , ,                                  |  |                                      |  |  |
|    |  |  |                                      |  |  |
|    |  |  |                                      |  |  |
|    | Mailing Address  | PO BOX 1964  |                                      |  |  |
|    |  |  |                                      |  |  |
|    |  | BIRMINGHAM   | L 35201                              |  |  |
|    |  | CITY ▲ STA   | TE ▲ ZIP CODE ▲                      |  |  |
|    | Relationship: Connected  | Organization Affiliated Organization Joint Fundraising Rep | presentative X Leadership PAC Sponse |  |  |
| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.                                     |  |                                      |  |  |
|    | 1 -  | r, Lindsay, , ,  |                                      |  |  |
|    | Full Name  | _1 M Street SE   |                                      |  |  |
|    | Mailing Address  | Suite 275  |                                      |  |  |
|    |  |  |                                      |  |  |
|    |  | Washington   | OC   20003   -   -     -             |  |  |
|    |  | CITY ▲ STA   | TE ▲ ZIP CODE ▲                      |  |  |
|    | Title or Position ▼  |  |                                      |  |  |
|    | Treasurer  | Telephone number   | 609 284 - 4352                       |  |  |
| 8. | <b>Treasurer:</b> 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 Angerholze of Treasurer  | r, Lindsay, , ,  |                                      |  |  |
|    | Mailing Address  | 1 M Street SE  |                                      |  |  |
|    |  |  |                                      |  |  |
|    |  | Washington   | DC   20003   -   -     -             |  |  |
|    | Title or Position ▼  | CITY ▲ STA   | TE ▲ ZIP CODE ▲                      |  |  |
|    | Treasurer  | Telephone number   | 609   -   284   -   4352             |  |  |

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|-------------------------------------|---|----------|---------------|--|--|--|
| Full Name of<br>Designated<br>Agent |   |          |               |  |  |  |
| Mailing Address                     |   |          |               |  |  |  |
|                                     |   |          |               |  |  |  |
|                                     |   |          |               |  |  |  |
|                                     | CITY ▲  | STATE ▲  | ZIP CODE ▲    |  |  |  |
| Title or Position ▼                 |   |          |               |  |  |  |
|                                     | Telephone   | e number |               |  |  |  |
| safety deposit box                  | 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. |          |               |  |  |  |
|                                     | Bank of America   |          |               |  |  |  |
| Mailing Address                     | 201 Pennsylvania Ave SE   |          |               |  |  |  |
|                                     |   |          |               |  |  |  |
|                                     | Washington  | DC       | 20003         |  |  |  |
|                                     | CITY ▲  | STATE ▲  | ZIP CODE ▲    |  |  |  |
| Name of Bank, De                    | epository, etc.   |          |               |  |  |  |
| l                                   |   |          |               |  |  |  |
| Mailing Address                     |   |          |               |  |  |  |
|                                     |   |          |               |  |  |  |
|                                     |   |          |               |  |  |  |
|                                     | CITY ▲  | STATE ▲  | ZIP CODE ▲    |  |  |  |