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STATEMENT OF ORGANIZATION

FORM 1			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Make America N	umber 1		
ADDRESS (number and street)	2 Roosevelt Avenue		
(Check if address is changed)			
	Port Jefferson Stn │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		NY 11776 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	compliance@complian	ceconsultingva.com	
	Optional Second E-Mail Add	dress	
(Check if address is changed)	N/A		
2. DATE 03 / 11	D / Y Y Y Y 2023		
3. FEC IDENTIFICATION N	JMBER ► C co	00575373	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Johnson, Melodie, , ,		
Signature of Treasurer	on, Melodie, , ,	[Electronically Filed]	Date 03 / D D / Y Y Y Y 2023
NOTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §3010 WITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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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 c information below.)	andidate
	Name of Candidate	
	Candidate 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 Publican, et	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	anization
	Membership Organization Trade Association Cooperative	e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee. (i.e., nonconnected committee)	und or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	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.	

Joint Fundraising Representative:

(i) 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.
(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.
(j) Committees Participating in Joint Fundraiser
2.

	-											
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V	Vrite or Type Committee Name											
	Make America	Numb	er 1									
6.	Name of Any Connected Or	rganization	, Affiliated	Comr	nittee, Jo	int Fun	draising	Representativ	ve, or Lea	dership	PAC Spo	nsor
	Mailing Address											
				CIT	Y 🔺			STATE A	▲	ZIP	CODE 🖌	L .
	Relationship: Connected	Organization	n Affili	ated Or	ganization		Joint Fund	Iraising Represe	entative	Lead	ership PA	C Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Johnson,	Melodie, , ,
Full Name	
Mailing Address	2 Roosevelt Avenue
	Port Jefferson Station NY 11776
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 571 - 424 - 3798

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	Johnson, Melodie, , ,
of Treasurer	
Mailing Address	2 Roosevelt Avenue
	Port Jefferson Station NY 11776
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

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Full Name of Designated Agent																											
Mailing Address	L																										
	L																										
	L																										
							С	ITY	∕▲								ST/	λΤΕ				ZI	ΡC	COL	ЭЕ		
Title or Position ▼																											
												Tel	epł	none	e n	uml	ber				- [_						

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.

Eagle	Bank		
Mailing Address	2001 K Street NW		
	Washington	DC 20006	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲