Only

STATEMENT OF

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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. Portia Roberson for Congress PO Box 44345 ADDRESS (number and street) (Check if address is changed) Detroit 48244 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS portia@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.portiaforcongress.com (Check if address is changed) DATE 2022 C00805424 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. McClain, Pamela, , , Type or Print Name of Treasurer McClain, Pamela,,, [Electronically Filed] 02 16 2022 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

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		OMMITTEE	
Can		e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	2.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name Cand		Roberson, Portia, , ,	
Cand		Office On DEM Sought: X House Senate President	State
Party	Affiliati	on DEM Sought: X House Senate President	District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	segregated 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 Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Comm		
Portia Rob	person for Congress	
	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in s.	possession of committee
Full Name	Lee, Lauren, Decot, ,	
	611 Pennsylvania Avenue, SE	
Mailing Address	Num 143	
	Washington DC 2000	03
Title or Position	CITY STATE	ZIP CODE
Assistant Treasu	rer	·
Treasurer: List the any designated ag	e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	e name and address of
Full Name	McClain, Pamela, , ,	1
of Treasurer	IPQ Box 44345	
Mailing Address		
	Detroit 4824	
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE - 552 - 0221

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Full Name of Designated Agent	Lee, Lauren, Decot, ,	
Mailing Address	611 Pennsylvania Avenue, SE	
-	Num 143	
	Washington DC 20003 CITY STATE Z	IP CODE
Title or Position Assistant Treas	urer Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc. Amalgamated Bank	
Name of Bank,	Depository, etc. Amalgamated Bank	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washingnton DC 20006	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washingnton CITY STATE Z	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washingnton CITY STATE Z	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washingnton CITY STATE Z	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washingnton CITY STATE Z	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washingnton CITY STATE Z	ZIP CODE