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. AB PAC 800 Maine Ave SW ADDRESS (number and street) Suite 400 (Check if address is changed) Washington 20024 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@americanbridge.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) americanbridgepac.org (Check if address is changed) DATE 2025 C00492140 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Mollineau, Rodell,, Mollineau, Rodell, , , Date 09 05 2025 Signature of Treasurer 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

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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 information below.)	e candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotriot
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor Or	rganization
Membership Organization Trade Association Cooperation	tive
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 committee. (i.e., nonconnected committee)	I 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) X This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1C	
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٧	Irite or Type Committee Name		
	AB PAC		
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	idership PAC Sponsor
	Project 218		
	Mailing Address	800 Maine Ave SW	
		Suite 400	
		Washington DC 200	024
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the person in pos	session of committee
	Cornetz IV	New	
	Garnatz, Ke	яsey, , ,	
	Mailing Address	800 Maine Ave SW	
		Suite 400	
		Washington DC 200	024
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	CHT = SIAIE =	ZIF CODE =
	Compliance Director		
		Telephone number	- [
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
	Full Name Mollineau,	Rodell, , ,	
	of Treasurer	₁ 800 Maine Ave SW	
	Mailing Address	Suite 400	
		Washington DC 200	024
	Title or Desition -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼ Treasurer		ı 718 _{I I} 9365 _I
		Telephone number	- 10 - 9303

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Full Name of Designated Agent	Garnatz, Kelsey, , ,	
Mailing Address	800 Maine Ave SW	
	Suite 400	
	Washington	20024
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	▼	
Assistant Treas	urer 20	02 618 - 4250
	r Depositories: List all banks or other depositories in which the committee deposits fu oxes or maintains funds.	unds, holds accounts, rents
Name of Bank,	Depository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K Street NW	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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		Committee, Joint F	FEC II	O number	C
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		Committee, Joint F	undraising Re	presentativ	e, or Leadership PAC Spon
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Ľ	Suite 400				
	Washington			DC	20024
:		CITY A		STATE ▲	ZIP CODE ▲
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OSITION ▼	(OITY ▲		STATE ▲	ZIP CODE ▲
			Telephone N	lumber	
) 	connected Org	Suite 400 Washington Connected Organization X Affiliation: Affiliation: Suite 400 Washington Affiliation: OSITION OSI	Suite 400 Washington CITY Connected Organization Affiliated Committee Int: Identify by name, address (phone number – optional parts) Suite 400 CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	Suite 400 Washington Connected Organization Affiliated Committee Joint Fundraisin Mat: Identify by name, address (phone number – optional) CITY CITY Telephone N	Suite 400 Washington CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Represent nt: Identify by name, address (phone number – optional) SSS CITY ▲ STATE ▲ Telephone Number