Only

# STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mikie Sherrill for Congress PO Box 43032 ADDRESS (number and street) (Check if address is changed) Montclair 07043 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mikiesherrill.com/ (Check if address is changed) DATE 2022 C00640003 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. Mele, Steven, , , Type or Print Name of Treasurer Mele, Steven, , , [Electronically Filed] 08 2022 Signature of Treasurer Date 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

E	EC Form 1 (Revised 03/2022)	Page 2
	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.)	candidate
	Name of Candidate Sherrill, Mikie, , ,	
	Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State NJ District 11
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotilot [1
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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)	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) 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 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	
	1. C	

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٧	Vrite or Type Committee Nar	ne	
	Mikie Sherrill	for Congress	
6.		Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
	Service First Wome	en's victory Fund	
	Mailing Address	PO Box 9	
		Lexington	KY   40588
		CITY ▲ ST/	ATE ▲ ZIP CODE ▲
	Relationship: Connect	ed Organization Affiliated Organization X Joint Fundraising Re	
		The state of the s	
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	e person in possession of committee
	Mele, St	even	
	Full Name	,,,	
	Mailing Address	611 Pennsylvania Ave. SE	
	Maining / taarooc	<sub>4</sub> 143	
		Washington   Control   C	DC     20003
		vasinigion	20003
		CITY ▲ ST	ATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the cor ., assistant treasurer).	mmittee; and the name and address of
	Full Name Mele, St	even, , ,	
	of Treasurer		
	Mailing Address	611 Pennsylvania Ave. SE	
		#143 	
		Washington	DC 20003
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

Full Name of  Lee, Lauren, Decot, ,  Designated  Agent	
Mailing Address  611 Pennsylvania Ave. SE	
#143	
Washington	C 20003
	TE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasurer	
. Banks or Other Depositories: List all banks or other depositories in which the committee de safety deposit boxes or maintains funds.	posits funds, holds accounts, rents
Name of Bank, Depository, etc.	
Amalgamated Bank	
Mailing Address 1825 K Street NW	
Washington C	C 20006
CITY ▲ STA	TE ▲ ZIP CODE ▲
Name of Bank, Depository, etc.	
Mailing Address	
CITY ▲ STA	TE ▲ ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3		FEC ID number C
	4		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundrai cratic State Committee	sing Representative, or Leadership PAC Sponsor
	Mailing Address	196 West State Street	
		Trenton	NJ 08608
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	undraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	phone Number
9.	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which then the following the first substitution of	e committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		
		CITY ▲	STATE ▲ ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page \_\_6 **of** \_\_10\_\_

5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
(3)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Sponsor
	MEECA Victory Fu		3 4	,,
	Mailing Address	910 17th St NW		
	Ü	Ste 925		
		Washington	ı DC ı	20006
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Decimated Agents Identify	harman allama (dan ana aban ang san		
	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A		ZIP CODE A
	Full Name	CITY A	STATE A	ZIP CODE A
0	Full Name Mailing Address  TITLE OR POSITION	CITY A	elephone Number	
9.	Full Name Mailing Address  TITLE OR POSITION	CITY A  ries: List all banks or other depositories in which	elephone Number	
9.	Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor	CITY A  ries: List all banks or other depositories in which	elephone Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  ries: List all banks or other depositories in which	elephone Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY A  ries: List all banks or other depositories in which	elephone Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY A  ries: List all banks or other depositories in which	elephone Number	

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b> ç	յ Participant։			
	1	<u> </u>	FEC I	D number	C
	2.	<u> </u>	J FEC I	D number	C
	3.		FEC I	D number	C
	4.		FEC I	D number	C
6.	Name of Any Connected of Serve America Vic	Organization, Affiliated Committee, Joint Fuctory Fund	ındraising Re	epresentativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 2013			
		Calan			04070
	<b>5</b>	Salem		L	01970
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraisir	ng Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional	)		
	Full Name				
	Mailing Address				
		1	, , , <b>,</b> ,	1 . 1	
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone I	Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ies: List all banks or other depositories in whintains funds.	nich the comm	nittee deposit	s funds, holds accounts, rents
	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

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Democracy Defe	naers 		
Martin Address	600 Pennsylvania Ave SE #15180		
Mailing Address			
	Western		20002
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee  Join   fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identii  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   T	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management are of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Stand Up for Der			
Mailing Address	PO Box 5418		
	Takoma Park	MD	20913
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	fy by name, address (phone number – optional)	Trundraising Represente	Leadership FAC S
esignated Agent: Identi		Tundraising Represente	Leadership FAC S
esignated Agent: Identi		Trundraising Represente	Leadership FAC S
esignated Agent: Identi		Trundraising Representa	Leadership FAC S
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b>	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Frontline Nine	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Ave SE		
	Suite 143		
	Washington	DC L	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join Join by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A