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STATEMENT OF **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. **Smart Solutions PAC** 611 Pennsylvania Ave SE ADDRESS (number and street) **Unit 143** (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rosen@mbacg.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00654475 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. Mele, Steven, , , Type or Print Name of Treasurer Mele, Steven,,, [Electronically Filed] 03 23 2021 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 Only Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

I		
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		
Smart Solutions	S PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Rosen, Jacky, , ,		
	PO Box 27195	
Mailing Address	0 550, 27135	
	Las Vegas NV 89126	
	CITY STATE	ZIP CODE
Dolotionohin. Composto	Ourserinstian Affiliated Committee Linet Fundanising Degrees proteins M. Loo	dership PAC Sponsor
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative X Lea	dersnip PAC Sponsor
		-
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in pos-	session of committee
Mele, Stev	ren	
Full Name		
Mailing Address	611 Pennsylvania Ave SE	
	Unit 143	
	Washington DC 20003	
Title or Position	CITY STATE	ZIP CODE
Treasurer		552 - 0221
	d address (phone number optional) of the treasurer of the committee; and the nar	ne and address of
any designated agent (e.g., a	assistant treasurer).	
Full Name Mele, Stev of Treasurer	en,,,	
Mailing Address	611 Pennsylvania Ave SE	
	Unit 143	
	Washington DC 20003	
Title or Position	CITY STATE 2	ZIP CODE

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Full Name of Designated Agent	Lee, Lauren, , ,	
Mailing Address	611 Pennsylvania Ave SE	
	Unit 143	
	Washington DC 2 CITY STATE	20003
Title or Position Assistant Treasu	surer Telephone number	
Banks or Other safety deposit bo Name of Bank, D		ds, holds accounts, rents
	Amalgamated Bank	
Mailing Address		
Mailing Address		
walling Address		20006
walling Address		20006 ZIP CODE
Name of Bank, D	Washington DC 2 CITY STATE	
	Washington DC 2 CITY STATE	
	Washington DC 2 CITY STATE Depository, etc.	
Name of Bank, D	Washington DC 2 CITY STATE Depository, etc.	
Name of Bank, D	Washington DC 2 CITY STATE Depository, etc.	

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisir		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Rosen Victory Fu	nd 		
			1 1 1 1 1 1 1 1 1
Mailing Address	611 Pennsylvania Ave SE		
Mailing Address	Unit 143		
	Washington	, DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE A
	52	011112	2 0052 2
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID numb	er C
2.		FEC ID numb	er C
3.		FEC ID numb	er C
4.		FEC ID numb	er C
Jacky Rosen Vict	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spons
Mailing Address	611 Pennsylvania Ave SE		
	#143		
	Washington	DC	20003
Relationship:	CITY A	STATI	ZIP CODE ▲
esignated Agent: Identii	fy by name, address (phone number – option	nal)	
Mailing Address	1		
Mailing Address			
ivialility Address			
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE	ZIP CODE A
	CITY ▲	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION	pries: List all banks or other depositories in	Telephone Number	
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	pries: List all banks or other depositories in	Telephone Number	