

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Friends of Mia Mason

ADDRESS (number and street) 7820B WORMANS MILL RD #384

(Check if address is changed)

FREDERICK MD 21701
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

lyah@miadmason.us

Optional Second E-Mail Address

lyah@miadmason.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.miadmason.us

2. DATE 08 / 08 / 2019

3. FEC IDENTIFICATION NUMBER C C00715177

4. 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.

Type or Print Name of Treasurer Cavallo, Lyah, , Ms,

Signature of Treasurer Cavallo, Lyah, , Ms, [Electronically Filed] Date 09 / 02 / 2020

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.

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 candidate information below.)

Name of Candidate Mason, Mia, Danielle, ,

Candidate Party Affiliation DEM Office Sought: House Senate President State MD District 01

- (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 (Democratic, Republican, 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 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Friends of Mia Mason

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name Cavallo, Lyah, , Ms,

Mailing Address 7820B WORMANS MILL RD #384

FREDERICK

MD

21701

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 240 - 409 - 6181

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 of Treasurer Cavallo, Lyah, , Ms,

Mailing Address 7820B WORMANS MILL RD #384

FREDERICK

MD

21701

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 240 - 409 - 6181

Full Name of Designated Agent: Mason-Savage, Sarah, Kirstin, ,
Mailing Address: 7820B Wormans Mill Rd #384
Frederick MD 21701
CITY STATE ZIP CODE
Title or Position: Agent Telephone number: 410 946 2222

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.

Bancorp
Mailing Address: P.O. Box 2136
Austin TX 78768
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

NAVYFED
Mailing Address: PO Box 3000
Merrifield VA 22119
CITY STATE ZIP CODE