FEC

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. Melissa For Congress PO Box 64421 ADDRESS (number and street) (Check if address is changed) Gary 46401 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS melissa.borom@gmail.com (Check if address is changed) Optional Second E-Mail Address jason@kalikassociates.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://melissaboromforcongress.com/ (Check if address is changed) DATE 08 2020 C00733709 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. Borom, Melissa, , , Type or Print Name of Treasurer Borom, Melissa, , , [Electronically Filed] 07 06 2020 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

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|--------------|-----------------------|--|--------------------------|
| | | OMMITTEE | |
| (a) | x | 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. (Compinformation below.) | plete the candidate |
| Name Cand | e of lidate | Borom, Melissa, , , | |
| | lidate ⁄ Affiliati | on DEM Office Sought: X House Senate President | State IN District 01 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of lidate | | |
| Part | ty Con | nmittee: (National, State | (Democratic, |
| (d) | | · · · · · · | Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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 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.) | |
| Join | t Fund | Iraising 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. | o 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 |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 1 | | |

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| Write or Type Committee Name | | <u> </u> |
| Melissa For Cor | ngress | |
| | rganization, Affiliated Committee, Joint Fundraising Representative, or Lea | dership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponso |
| Custodian of Records: Identification books and records. | rify by name, address (phone number optional) and position of the person in | n possession of committee |
| Johnson, C | rystal, , , | |
| Full Name Mailing Address | 9800 Connecticut Dr | |
| ý | Suite B1-301 | |
| | Crown Point IN 463 | 807 |
| Title or Position | CITY STATE | ZIP CODE |
| | 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). | e name and address of |
| Full Name Borom, Me of Treasurer | issa, , , | |
| Mailing Address | 910 N Vermillion St | |
| | | |
| | Gary IN 464 | |
| Title or Position | CITY STATE | ZIP CODE |
| 1 | 219 | ı 488 _{I I} 6013 |

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|---|---|--------------------|
| | | |
| Full Name of Designated Hinto Agent | on, Jason, , , | |
| Mailing Address | c/o Kalik & Associates Inc | |
| | 80 M St., SE First Floor | |
| | Washington DC CITY STATE | 20003 ZIP CODE |
| Title or Position Compliance Officer | Telephone number | |
| Name of Bank, Deposit | r maintains funds. itory, etc. | |
| Name of Bank, Deposit | | |
| Name of Bank, Deposit | ntier Bank | |
| Name of Bank, Deposit | ntier Bank | 46307 |
| Name of Bank, Deposit | ntier Bank 5191 W Lincoln Hwy | 46307 ZIP CODE |
| Name of Bank, Deposit Cer Mailing Address | ntier Bank 5191 W Lincoln Hwy Crown Point IN CITY STATE | |
| Name of Bank, Deposit Cer Mailing Address | ntier Bank 5191 W Lincoln Hwy Crown Point IN CITY STATE | |
| Name of Bank, Deposit Mailing Address Name of Bank, Deposit | ntier Bank 5191 W Lincoln Hwy Crown Point IN CITY STATE | |
| Name of Bank, Deposit | ntier Bank 5191 W Lincoln Hwy Crown Point IN CITY STATE | |
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