**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Leslie Mehta for Congress P.O. Box 31404 ADDRESS (number and street) (Check if address is changed) Henrico 23294 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address elise@blueridgecampaigns.com is changed) Optional Second E-Mail Address campaign@lesliemehta.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://lesliemehta.com/ (Check if address is changed) DATE 2024 C00863068 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 Vess, Elise,, Date 03 12 2024 Signature of Treasurer Vess, Elise, , , 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

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(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. (Complete information below.)	the candidate
Name of Candidate Mehta, Leslie, , ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State VA  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 Republic	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) 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	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	Leslie Mehta for	Congress	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
	NONE		
	Mailing Address		
			-
		CITY ▲ STATE ▲	ZIP CODE A
	Relationship: Connected		eadership PAC Sponso
	neiationship.	Organization Allillated Organization John Fundralsing Representative	eadership FAC Sponso
· ·	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in possessic	on of committee
	Vess, Elise		
	Full Name	 	
	Mailing Address	P.O. Box 31404	
		1	
		Henrico VA 23294	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	97 – 2015
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
	Full Name Vess, Elise		
	of Treasurer	<sub>1</sub> P.O. Box 31404	
	Mailing Address	F.O. BOX 31404	
		Henrico	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		397 - 2015

FEC Form	I (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated	. ((10110011 02112000)	. aga 1			
Agent					
Mailing Address					
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲			
		phone number			
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	e committee deposits funds, holds accounts, rent	s		
Name of Bank, I	Depository, etc.				
	Bank of America		ı ı l		
Mailing Address	8097 Villa Park Dr				
			I		
	Henrico	VA 23228			
	CITY ▲	STATE ▲ ZIP CODE ▲			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲ ZIP CODE ▲			