**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. America Come Together, Inc. 60 Richards Lane ADDRESS (number and street) (Check if address is changed) Annapolis 21401 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS americacometogether@gmail.com (Check if address is changed) Optional Second E-Mail Address ıjuliasullivan@jeslaw.us COMMITTEE'S WEB PAGE ADDRESS (URL) www.americacometogether.org (Check if address is changed) DATE 30 2020 C00743195 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. McManus, Chad, , Mr., Type or Print Name of Treasurer McManus, Chad, , Mr., [Electronically Filed] 03 30 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

Local 202-694-1100

|            | FEC Fo                 | rm 1 (Revised 02/2009)                                                                                                                                                                                 | Page 2                                  |
|------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|            |                        | OMMITTEE                                                                                                                                                                                               |                                         |
|            | naidate                | Committee:                                                                                                                                                                                             |                                         |
| (a)        | Ш                      | This committee is a principal campaign committee. (Complete the candidate information below.)                                                                                                          |                                         |
| (b)        | Ш                      | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)                                                                                         | plete the candidate                     |
|            | ne of<br>didate        |                                                                                                                                                                                                        |                                         |
|            | didate<br>y Affiliatio | Office Sought: House Senate President                                                                                                                                                                  | State                                   |
| (c)        |                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                | District                                |
|            | ne of<br>didate        |                                                                                                                                                                                                        |                                         |
| Par        | ty Con                 | nmittee:                                                                                                                                                                                               |                                         |
| (d)        |                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                  | Democratic,<br>Republican, etc.) Party. |
| Pol        | itical A               | ction Committee (PAC):                                                                                                                                                                                 |                                         |
| (e)        |                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont                                                                                                    | 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.                                                                                                                                              |                                         |
| <b>(5)</b> |                        |                                                                                                                                                                                                        | areasted fund or porty                  |
| (f)        | ×                      | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)                                                                     | gregated fulld of party                 |
|            |                        | In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                              |                                         |
|            |                        | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)                                                                                                                         |                                         |
| Joir       | nt Fund                | raising 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                                                                                                                                                                                          |                                         |
|            | 4.                     |                                                                                                                                                                                                        |                                         |

| FEC <b>Form 1</b> (Revis                                    | ed 02/2009)                                                                                                | Page <b>3</b>             |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------|
| Write or Type Committee N                                   |                                                                                                            | i age <b>3</b>            |
|                                                             | e Together, Inc.                                                                                           |                           |
|                                                             | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea                            | adership PAC Sponsor      |
| NONE                                                        |                                                                                                            |                           |
|                                                             |                                                                                                            |                           |
|                                                             |                                                                                                            |                           |
| Mailing Address                                             |                                                                                                            |                           |
|                                                             |                                                                                                            |                           |
|                                                             | CITY                                                                                                       | 7ID CODE                  |
|                                                             | CITY STATE                                                                                                 | ZIP CODE                  |
| Relationship: Conne                                         | ected Organization Affiliated Committee Joint Fundraising Representative                                   | Leadership PAC Sponsor    |
| . Custodian of Records: books and records.                  | Identify by name, address (phone number optional) and position of the person i                             | n possession of committee |
|                                                             | nus, Chad, , Mr.,                                                                                          |                           |
| Full Name                                                   | 57 Lake Drive                                                                                              |                           |
| Mailing Address                                             |                                                                                                            |                           |
|                                                             | Conroe , TX , 77%                                                                                          | 384                       |
|                                                             |                                                                                                            |                           |
| Title or Position                                           | CITY STATE                                                                                                 | ZIP CODE                  |
| Treasurer                                                   |                                                                                                            | - 563 - 7341              |
| 3. <b>Treasurer:</b> List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer). | ne name and address of    |
| Full Name McMar of Treasurer                                | nus, Chad, , Mr.,                                                                                          |                           |
| Mailing Address                                             | 57 Lake Drive                                                                                              |                           |
|                                                             |                                                                                                            |                           |
|                                                             | Conroe TX 773                                                                                              | ZIP CODE                  |
| Title or Position Treasurer                                 |                                                                                                            | - 563 - 7341              |

| FEC Form 1 (R                                               | Revised 02/2009)                                                                  |             |              | Page 4              |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------|--------------|---------------------|
|                                                             |                                                                                   |             |              |                     |
| Full Name of Designated Sulliv Agent                        | van, Julia, Elizabeth, Ms., 21401                                                 |             |              |                     |
| Mailing Address                                             | 60 Richards Lane                                                                  |             |              |                     |
|                                                             |                                                                                   |             |              |                     |
|                                                             | Annapolis CITY                                                                    | MD<br>STATE | 21401        | ZIP CODE            |
| Title or Position Secretary                                 |                                                                                   | ıber        | 410          | 707   8608          |
| safety deposit boxes or<br>Name of Bank, Deposi             |                                                                                   | e deposits  | ; funds, hol | ds accounts, rents  |
| safety deposit boxes or<br>Name of Bank, Deposi             | r maintains funds.<br>itory, etc.                                                 | e deposits  | ; funds, hol | ds accounts, rents  |
| safety deposit boxes of Name of Bank, Deposi                | r maintains funds. itory, etc. ase Bank                                           | ee deposits | 77384        | ds accounts, rents  |
| safety deposit boxes of Name of Bank, Deposi                | r maintains funds. itory, etc.  ase Bank  3660 FM 1488                            |             |              | Ids accounts, rents |
| safety deposit boxes of Name of Bank, Deposi                | r maintains funds. itory, etc.  ase Bank  3660 FM 1488  Conroe  CITY              | TX          |              |                     |
| safety deposit boxes of Name of Bank, Deposi                | r maintains funds. itory, etc.  ase Bank  3660 FM 1488  Conroe  CITY              | TX          |              |                     |
| safety deposit boxes of Name of Bank, Deposi                | r maintains funds. itory, etc.  ase Bank  3660 FM 1488  Conroe  CITY  itory, etc. | TX          | 77384        |                     |
| Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi | r maintains funds. itory, etc.  ase Bank  3660 FM 1488  Conroe  CITY  itory, etc. | TX          | 77384        |                     |
| Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi | r maintains funds. itory, etc.  ase Bank  3660 FM 1488  Conroe  CITY  itory, etc. | TX          | 77384        |                     |