**FEC** 

Only

# 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. Maine Democratic Party PO Box 5258 ADDRESS (number and street) 320 Water St 3rd Floor (Check if address is changed) 04330-5258 Augusta ME CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tara@CommonCentsConsulting.net is changed) Optional Second E-Mail Address tgrose@mainedems.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.mainedems.org (Check if address is changed) DATE 2024 C00179408 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 Johnson, Betty,, Date 07 23 2024 Signature of Treasurer Johnson, Betty, , , 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

E	EC Form 1 (Revised 03/2022)	Page <b>2</b>
	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 information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican, expension of the Committee of the DEM (Democratic, Republican, expension of the Committee of the Comm	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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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	<b>)</b> ).
	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

I	FEC Form 1 (Revised (	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name	,	
	Maine Democra	tic Party	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	DNC Services Corpo	oration / Democratic National Committee	
	Mailing Address	Victory Fund	
		430 S Capitol Street, SE	
		Washington	DC   20003   -
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Bulatian akin Danasatat		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative Leadership PAC Sponso
7.		tify by name, address (phone number optional) and position of th	ne person in possession of committee
	books and records.		
	Johnson, E	Setty, , ,	
	Full Name		
	Mailing Address	16 Winthrop St.	
		1	
		Augusta	ME   04330-5258
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	er 207 – 622 – 6233
8.		nd address (phone number optional) of the treasurer of the co	ommittee; and the name and address of
	any designated agent (e.g.,	assistant treasurer).	
	Full Name Johnson, E	Setty, , ,	
	of Treasurer		
	Mailing Address	16 Winthrop St.	
		Augusta	ME   04330-5258   1
		Augusta	ME 04330-5258
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer		er 207 – 622 – 6233

	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
	Full Name of Designated Agent		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	7	
		Telephone number	
•	Banks or Other safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, however or maintains funds.	olds accounts, rents
	Name of Bank, D	epository, etc.	
		TD Bank	
	Mailing Address	101 Western Avenue	
		Augusta ME 0433	0
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		Bank of America	
	Mailing Address	730 15th Street NW	
		Washington DC 2000:	3
		CITY ▲ STATE ▲	ZIP CODE ▲

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

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(h). <b>Joint Fundrais</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Democratic Grassro	d Organization, Affiliated Committee, Joint Furots Victory Fund	ndraising Hepresentativ	e, or Leadership PAC Spons
Mailing Address	430 South Capitol Street SE		
	Washington 	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		oint Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Ident	fy by name, address (phone number – optional)	oint Fundraising Represent	
Pesignated Agent: Ident	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Ident Full Name   Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Banks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A

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

Page	of <sup>8</sup>	
1 aye	O.	

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 7108		
	Lewiston	ME L	04240
Data Caratata	OITV A	STATE ▲	ZIP CODE ▲
	CITY ▲  ed Organization	int Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Joint J		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint J	int Fundraising Represent	
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite to be presented and the content of the content	Affiliated Committee X Joint J	state  Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee	state  Telephone Number	ZIP CODE A

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

Page	of <sup>8</sup>	
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(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
PINGREE VICTOR	/ FUND		
Mailing Address	PO BOX 17613		
	1		
	PORTLAND	ME	04112
Relationship:	CITY A	STATE A	ZIP CODE ▲
		oint Fundraising Represen	tative Leadership PAC Soc
Connect		loint Fundraising Represen	tative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X J		tative Leadership PAC Spo
Connect  Designated Agent: Ident	ed Organization Affiliated Committee X J		tative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X J		tative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X J		Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X J		Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	ed Organization Affiliated Committee X J		
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ed Organization Affiliated Committee X J	STATE A Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ed Organization Affiliated Committee X J	STATE A Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ed Organization Affiliated Committee X J	STATE A Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite defety deposit boxes or not be supposed to the control of the cont	ed Organization Affiliated Committee X J	STATE A Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be and a proposition of Bank, Depository, etc.	ed Organization Affiliated Committee X J	STATE A Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be and a proposition of Bank, Depository, etc.	ed Organization Affiliated Committee X J	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** 8\_\_\_

h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
HARRIS VICTORY			
Mailing Address	430 SOUTH CAPITOL STREET SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE   Telephone Number  ch the committee deposit	ZIP CODE A