**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. Mikie Sherrill for Congress PO Box 43032 ADDRESS (number and street) (Check if address is changed) Montclair 07043 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address smele@mbacg.com is changed) Optional Second E-Mail Address ldecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mikiesherrill.com/ (Check if address is changed) DATE 30 2024 C00640003 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 Mele, Steven,, Date 80 30 2024 Signature of Treasurer Mele, Steven, , , 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 2
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. (Complet information below.)	te the candidate
Name of Candidate Sherrill, Mikie, , ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State NJ District 11
(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	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	or Organization
Membership Organization Trade Association Coo	pperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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 (Hybri	id 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
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.	wo or more political
Committees Participating in Joint Fundraiser	
1C	

I	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name  Mikie Sherrill for	Congress	
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or L	eadershin PAC Snonsor
0.	Service First Women		eadership FAC Sponsor
		PO Box 9	
	Mailing Address		
		Lexington	40588
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	Tiolationomp.	, timated enganization	Loadership 1710 opense
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in p	ossession of committee
	books and rosords.		
	Mele, Steve	n,,,	
		1611 Pennsylvania Ave SE	
	Mailing Address		
		#143	
		Washington DC Z	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SINIE	ZIF GODL =
	Treasurer		
		Telephone number	
<del></del>	Treesurer List the name an	address (phone number optional) of the treasurer of the committee; and	the name and address of
Ο.	any designated agent (e.g., a		the name and address of
	Full Name Mele, Steve	en.	
	of Treasurer		
	Mailing Address	611 Pennsylvania Ave SE	
		<sub>1</sub> Washington	20003
			20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1 (Revised	02/2009)		Page <b>4</b>
Full Name of Designated Lee, Lau Agent	ren, Decot, ,		
Mailing Address	611 Pennsylvania Ave SE		
	#143 		
	Washington	DC	20003
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
Assistant Treasurer		Telephone number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in whi intains funds.	ch the committee deposits fund	ds, holds accounts, rents
Name of Bank, Depository,	etc.		
Amalga	amated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC L	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
7.		,	
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
New Jersey Democi	atic State Committee		
Mailing Address	196 West State Street		
-			
	Trenton	NJ	08608
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee J  fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A

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

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

h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundrry Fund	raising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 2013		
Relationship:	Salem CITY	MA STATE ▲	01970 ZIP CODE ▲
	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identii  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposition	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.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposition	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents

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

Page	of	10
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(h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Sherrill Victory Fund			
Mailing Address	611 Pennsylvania Avenue SE		
	Suite 143		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X J		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X J  y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	d Organization Affiliated Committee X J  y by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Y by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in whaintains 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 management of Bank, epository, etc.	Affiliated Committee  Y by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

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

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۷. 📖				FEC I	D number	С
3.				FEC I	D number	С
4.				FEC I	D number	С
Name of	Any Connected	Organization. Af	filiated Committee. Joint	Fundraising Re	epresentativ	re, or Leadership PAC Spons
	-	eadership Fund				
Mail	ing Address	PO Box 15845				
		Washington			DC	20003
			CITY A		STATE ▲	ZIP CODE ▲
)esignate	d Agent: Identify	d Organization	Affiliated Committee	S Joint Fundraisin	ng Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connected d Agent: Identify				ng Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connected Connec				ng Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connected d Agent: Identify				ng Represent	Leadership PAC Sp
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Designate Full Na Mailing	Connected d Agent: Identify	y by name, addres			STATE A	Leadership PAC Sp

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

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	ng Participant:		
1.		FEC ID number	C
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3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint I	Fundraising Representati	ve, or Leadership PAC Spon
MECA Victory Fund			
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
animantad Amamt, Idanti	h, bu nama addusas (nbana numbar antian	-1)	
esignated Agent: Identif	y by name, address (phone number – option	al)	
	y by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
Full Name	CITY A	al)  STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in v	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite defety deposit boxes or mane of Bank,	CITY ▲  CITY ▲  pries: List all banks or other depositories in v	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in v	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in v	STATE A Telephone Number	

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

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3.				FEC II	number	С
4.				FEC II	) number	С
	•		ated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spo
Avlon	Sherrill Victory F	und				
Mail	ing Address	611 Pennsylvania	Avenue SE	1 1 1 1 1	1 1 1	
		Suite 143				
		Washington		1	DC	20003
Rela	tionship:		CITY A		STATE A	ZIP CODE ▲
esignate			Affiliated Committee	Joint Fundraising	, Hepresenta	ative Leadership PAC
<b>Pesignate</b> Full N	d Agent: Identify				, Hepresenta	Leadership TAC
Full N	d Agent: Identify				Hepresenta	Leadership TAC
Full N	ame				Hepresenta	Leadership TAC
Full N	ame				Hepresenta	Leadership TAC
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