

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Hold the Line

ADDRESS (number and street)

 (Check if address
is changed)

1030 15th St NW

#404

Washington

CITY ▲

DC

20005

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

owen@ampstratllc.com

Optional Second E-Mail Address

holdtheline@acuitypolitics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
07 / 30 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00868976

4. 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.

Type or Print Name of Treasurer Berger, Owen, W, Mr.,

Signature of Treasurer

Berger, Owen, W, Mr.,

Date

M M / D D / Y Y Y Y
07 / 30 / 2025NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

5. 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 candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

(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 (Democratic, Republican, 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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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 fund or party committee. (i.e., nonconnected committee)

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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C	<input type="text"/>
C	<input type="text"/>

Write or Type Committee Name

Hold the Line**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****MISSION DEMOCRACY PAC**

Mailing Address

PO BOX 171

BREMEN

GA

30110

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Thoman, Shayne, , ,

Mailing Address

1030 15th St NW

#404

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Compliance Director

Telephone number

202 - 240 - 8588

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Berger, Owen, W, Mr.,

Mailing Address

1731 Athens Ave

Durham

NC

27707

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

808 - 244 - 5477

Full Name of
Designated
Agent

Flowers, Marcus, O, ,

Mailing Address

PO Box 171

Bremen

GA

30110

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

257 7th Avenue

New York

NY

10001

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Grasshopper Bank, N.A.

Mailing Address

261 5th Ave

Suite 610

New York

NY

10016

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 A=G7 9 @ B9 CI G'H9 LH'F9 @ H98 HC'5 F9 DCF H'G7 <981 @ CF' H9 A=N5 H'CB

Form/Schedule: F1A

Transaction ID :

Converting a Authorized Candidate Committee into a Non-Connected Political Action Committee

Form/Schedule:

Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Fields of Change PAC

<input type="text"/>
<input type="text"/>

Mailing Address

1030 15th St NW	<input type="text"/>
#404	<input type="text"/>
Washington	DC <input type="text"/>
	20005 <input type="text"/>

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. **First Internet Bank of Indiana**

Mailing Address <input type="text"/>
<input type="text"/>

Fishers <input type="text"/>	IN <input type="text"/>
	46038 <input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲