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) over the lines. is changed) More Perfect Union PAC PO Box 15320 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mpupac@nextlevelpartners.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00753327 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 May, Jennifer, , Date 12 18 2023 Signature of Treasurer May, Jennifer, , , 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

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FEC	2 Form 1 (Revised 03/2022) Page 2					
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 Office State					
	Party Affiliation Sought: House Senate President District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	Party Committee:					
(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party						
	Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization						
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	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.					
	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					
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ı	FEC Form 1 (Revised 0	2/2009)			Page 3
٧	Vrite or Type Committee Name	ion DAC			
6.	More Perfect Union PAC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiza	ation Joint Fundraising	Representative	Leadership PAC Sponso
7 .	Custodian of Records: Identi books and records.	fy by name, address (phone numbe	er optional) and position o	f the person in posses	esion of committee
	May, Jennii Full Name	er, , ,			
	Mailing Address	PO Box 15320			
		Washington		DC 20003	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber	505 - 1657
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 May, Jennii of Treasurer	fer, , ,			
	Mailing Address	PO Box 15320			
		Washington		DC 20003	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼			000	505
	Treasurer		Telephone num	nber 202 - [505 1657

	FEC Form 1	(Revised 02/2009)	Page 4				
D	ull Name of esignated gent						
М	lailing Address						
Ti	itle or Position	CITY ▲ STATE ▲	ZIP CODE ▲				
L		Telephone number					
	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.						
Na	Name of Bank, Depository, etc.						
		Bank of America					
Ma	ailing Address	201 Pennsylvania Ave, SE					
		Washington	20003				
		CITY ▲ STATE ▲	ZIP CODE ▲				
– Na	Name of Bank, Depository, etc.						
Ma	ailing Address						
		CITY ▲ STATE ▲	ZIP CODE ▲				