

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

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

12FE4M5

Serve America Victory Fund

ADDRESS (number and street)

PO Box 2013

☐ (Check if address is changed)

Salem

CITY ▲

MA

STATE ▲

01970

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Darryl@CommonCentsConsulting.net

Optional Second E-Mail Address

Tara@CommonCentsConsulting.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

None

2. DATE

MM / DD / YYYY  
07 / 11 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00805556

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 Tattrie, Darryl, , ,

Signature of Treasurer Tattrie, Darryl, , ,

Date

MM / DD / YYYY  
09 / 13 / 2024

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC 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  
CandidateCandidate  
Party AffiliationOffice  
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:

☐

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.
- (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. MOULTON FOR CONGRESS

2. JOE NEGUSE FOR CONGRESS

C

C00547240

C

C00648253

Write or Type Committee Name

## Serve America Victory Fund

## 6. 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 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 Tattrie, Darryl, , ,

Mailing Address PO Box 2013

Salem

MA

01970

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 602 - 295 - 7598

## 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 Tattrie, Darryl, , ,

Mailing Address PO Box 2013

Salem

MA

01970

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 602 - 295 - 7598

Full Name of  
Designated  
Agent

Gilligan, Tara, , ,

Mailing Address

PO Box 2013

Salem

MA

01970

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

275 7th Ave

New York

NY

10001

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. MIKIE SHERRILL FOR CONGRESS
2. LAUREN UNDERWOOD FOR CONGRESS
3. CHRIS DELUZIO FOR CONGRESS
4. DON DAVIS FOR NC

FEC ID number

C C00640003

FEC ID number

C C00652719

FEC ID number

C C00787648

FEC ID number

C C00795211

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


Mailing Address


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

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Mailing Address


TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone Number

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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.

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Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

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

1. PAT RYAN FOR CONGRESS
2. SCHOLTEN FOR CONGRESS
3. WILL ROLLINS FOR CONGRESS
4. DEREK TRAN FOR CONGRESS

FEC ID number

C C00815290

FEC ID number

C C00711317

FEC ID number

C C00792507

FEC ID number

C C00851790

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Mailing Address


Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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Full Name

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Mailing Address


TITLE OR POSITION ▼

CITY ▲

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ZIP CODE ▲

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Telephone Number

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Depository, etc.

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Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

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

1. MAGAZINER FOR CONGRESS
2. GALLEGO FOR ARIZONA
3. BACCAM FOR IOWA
4. GEORGE WHITESIDES FOR CONGRESS

FEC ID number

C C00802504

FEC ID number

C C00558627

FEC ID number

C C00856021

FEC ID number

C C00834028

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

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\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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Full Name

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Mailing Address

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\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone Number

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Depository, etc.

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Mailing Address

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\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. ANDY KIM FOR NEW JERSEY
2. SERVE AMERICA PAC
3. COLIN ALLRED FOR CONGRESS
4. JASON CROW FOR CONGRESS

FEC ID number

C C00648220

FEC ID number

C C00571174

FEC ID number

C C00637868

FEC ID number

C C00637363

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Mailing Address


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

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Mailing Address


TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone Number

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Depository, etc.

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Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲



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

1. COMMITTEE TO ELECT JARED GOLDEN
2. FRIENDS OF JAHANA HAYES
3. CHRISSY HOULAHAN FOR CONGRESS
4. SUSIE LEE FOR CONGRESS

FEC ID number

C C00653816

FEC ID number

C C00677898

FEC ID number

C C00637371

FEC ID number

C C00655613

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Mailing Address


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

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Mailing Address


TITLE OR POSITION ▼

CITY ▲

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ZIP CODE ▲

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Telephone Number

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Depository, etc.

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Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

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

1. MISSY FOR CONGRESS
2. VINDMAN FOR CONGRESS
3. HERB CONAWAY FOR CONGRESS
4. COMMITTEE TO ELECT SHOMARI FIGURES FOR CONGRESS

FEC ID number

C C00849836

FEC ID number

C C00856955

FEC ID number

C C00859496

FEC ID number

C C00856237

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

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\_\_\_\_\_

Mailing Address

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\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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Full Name \_\_\_\_\_

Mailing Address

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\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_-\_\_\_\_

Telephone Number

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Depository, etc.

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Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. MAGGIE FOR CONGRESS
2. YASSAMIN ANSARI FOR CONGRESS
- 3.
- 4.

FEC ID number

C C00878454

FEC ID number

C C00836767

FEC ID number

C

FEC ID number

C

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


Mailing Address


Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

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Mailing Address


TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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