**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michelle Maldonado for US Congress 11151 Valley View Drive ADDRESS (number and street) #642 (Check if address is changed) **Bristow** 20136 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@rogerthatcompliance.com is changed) Optional Second E-Mail Address info@michelleforuscongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.michelleforuscongress.com/ (Check if address is changed) DATE 2023 C00858324 FEC IDENTIFICATION NUMBER 3. X 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 Kenitzer, Rebekah, , 11 28 2023 Signature of Treasurer Kenitzer, Rebekah, , , Date 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. (Complete information below.)	the candidate		
Name of Candidate Maldonado, Michelle, , ,			
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State VA  District 10		
(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 Republication	atic, an, etc.) Party		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:		
Corporation Corporation w/o Capital Stock Labor	<sup>-</sup> Organization		
Membership Organization Trade Association Coope	erative		
In addition, this committee is a Lobbyist/Registrant PAC.			
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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).		
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(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 C			

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	rite or Type Committee Name		
		ado for US Congress	
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in posses	sion of committee
	Kenitzer, R Full Name		
	Mailing Address	11151 Valley View Drive	
		<b>4642</b>	
		Bristow	-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 571 - L	287 3204
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the resistant treasurer).	name and address of
	Full Name Kenitzer, R	ebekah, , ,	
	of Treasurer		
	Mailing Address	11151 Valley View Drive	
		#642	
		Bristow VA 20136	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		- <del></del>
	Treasurer		287   3204

FEC <b>Form</b> 1	(Revised 02/2009)		Page <b>4</b>		
Full Name of Designated					
Agent					
Mailing Address					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
		number			
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the comr kes or maintains funds.	nittee deposits f	unds, holds accounts, rents		
Name of Bank, D	epository, etc.				
	Truist Bank				
Mailing Address	8650 Centreville Rd				
			I		
	Manassas	VA	20110		
	CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY A	STATE ▲	ZIP CODE ▲		