Only

# STATEMENT OF

PAGE 1 / 11 =

FEC FORM 1			RGANIZA		-							Office	Use O	nly		
NAME OF     COMMITTEE (ir	, full\	,	neck if name		nple:If ty		type		12E	'E4	м5			,		
,	,		changed)	over	the lines	э.			_	_						
Spanberge	r for C	ongres	S 		1 1 1											
ADDRESS (number a	nd atract)	PO Box 312	<u> </u>	1 1 1	1 1 1	1 1			1 1	ı	1 1	1 1	1 1			
(Check if a	•															
is changed		Glen Allen							, VA		.2	23058				Ш.
		CITY	<u> </u>						STAT	 F ▲	L	1 1	7	-     -	DDE 🛦	
001111111111111111111111111111111111111									•							
COMMITTEE'S E-MA			rth@mbacg.co	om												
(Check if a is changed																ш
		Optional Se	econd E-Mail Ad mbacg.com	dress												
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL	)													
2. DATE 0			) )21				_									
3. FEC IDENTIFIC	CATION N	JMBER ▶	Сс	00649913	3											
4. IS THIS STATEM	MENT	NEW (N	l) OR	x	AME	ENDEI	D (A)									
I certify that I have e	examined th	nis Statement	and to the best	of my kı	nowledge	e and	belie	f it is	true,	corr	ect a	nd co	mplete	€.		
Type or Print Name	of Treasure	mele, Stev	en, , ,													
Signature of Treasure	er <i>Mele</i> ,	Steven, , ,			Electroni	cally F	iled]		ate	IV	01	<b>'</b>	18	/ [	202	Y Y
NOTE: Submission of	false, erron		plete information	-			-	-				he per	nalties	of 2 l	J.S.C.	§437g.
Office Use					For furthe Federal E Toll Free 8	lection	Comm		tact:				EC F			

Toll Free 800-424-9530

Local 202-694-1100

	FF6 <b>=</b>	4 (Davis ad 00/0000)	D 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE  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. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Spanberger, Abigail, , ,	
	didate y Affiliati	on DEM Office Sought: * House Senate President	State VA District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		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.	vo or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

FEC Form 1 (Davised (	22/2000)	Page 3
FEC Form 1 (Revised 0 Write or Type Committee Name		гауе 3
Spanberger for		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
-	riganization, riminated committee, some randralsing representative, or Leadersing	The openion
Nadler Victory Fund		
Mailing Address	200 West 79th Street #8N	
J		
	New York NY 10024	1_1
	CITY STATE ZIP	CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Leader	ship PAC Sponsor
<ol><li>Custodian of Records: Ider books and records.</li></ol>	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
Mele, Stev	ven, , ,	
Full Name		
Mailing Address	611 Pennsylvania Ave SE	
	Washington DC 20003	
Title or Position	CITY STATE ZIP	CODE
Tananan		
Treasurer	Telephone number	
<ol><li>Treasurer: List the name and any designated agent (e.g., a</li></ol>	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Mele, Stev	en, , ,	
of Treasurer		
Mailing Address	611 Pennsylvania Ave SE	
	#143	
	Washington DC 20003	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Telephone number	
1		ı

	<b>n 1</b> (Revised 02/2009)	Page 4
Full Name of Designated Agent	Lee, Lauren, Decot, ,	
Mailing Address	611 Pennsylvania Ave SE	
	#143	
	Washington DC 20003 CITY STATE Z	ZIP CODE
Title or Position Assistant Treasu	urer Telephone number	
Banks or Other safety deposit bo Name of Bank, D		accounts, rents
	Amalgamated Bank	
Mailing Address	1825 K St NW	
Mailing Address	1825 K St NW	
Mailing Address	Washington DC 20006	
Mailing Address	Washington DC 20006	ZIP CODE
Mailing Address  Name of Bank, D	Washington DC 20006  CITY STATE Z	ZIP CODE
	Washington DC 20006  CITY STATE Z	ZIP CODE
	Washington DC 20006  CITY STATE Z	ZIP CODE
Name of Bank, D	Washington DC 20006  CITY STATE Z	ZIP CODE
Name of Bank, D	Washington DC 20006  CITY STATE Z	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

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

5(g) d	or(h). <b>Joint Fundraisin</b> ç	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	C
6.	Name of Any Connected of Service First Wom	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 9		
		Lexington	KY	40588
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint I	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name address (phane number antique)		
	Designated Agent. Identity	by name, address (phone number - optional)		
	Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
		by name, address (phone number – optional)		
	Full Name			
	Full Name			
	Full Name	CITY	STATE A	ZIP CODE A
	Full Name	CITY A		ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY A  Tele  ies: List all banks or other depositories in which the	STATE A	
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY A  Tele  ies: List all banks or other depositories in which the	STATE A	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  Tele  ies: List all banks or other depositories in which the	STATE A	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  Tele  ies: List all banks or other depositories in which the	STATE A	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  Tele  ies: List all banks or other depositories in which the	STATE A	

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

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

h). <b>Joint Fundraisi</b>	ig i di dolpanti		
1.		FEC ID numbe	or C
2.		FEC ID numbe	er C
3.		FEC ID numbe	er C
4.		FEC ID numbe	er C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representa	tive, or Leadership PAC Spon
Mailing Address	PO Box 15320		
	Washington	DC L	
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connecte	od Organization Affiliated Committee Jack Jack Jack Jack Jack Jack Jack Jack	oint Fundraising Represo	entative Leadership PAC Sp
esignated Agent: Identification			entative Leadership PAC Sp
Connecte esignated Agent: Identif			entative Leadership PAC Sp
esignated Agent: Identification			entative Leadership PAC Sp
esignated Agent: Identification			entative Leadership PAC Sp
esignated Agent: Identification	fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A	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.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A	ZIP CODE A
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A	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 i di dolpanti		
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 Fun ory Fund 2020	draising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	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 mane of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

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

TITLE OR POSITION  Banks or Other Depositors or management of Bank, Depository, etc.  Mailing Address	ries: List all banks o		STATE A Telephone Number	ZIP CODE   The state of the sta
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks o		Telephone Number	
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks o		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks o		Telephone Number	
Banks or Other Deposito	ries: List all banks o		Telephone Number	
			Telephone Number	
TITLE OR POSITION	<b>▼</b>	I	1	ZIP CODE A
TITLE OR POSITION	<b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address	(phone number – optional)		
Connected	d Organization	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	Phoenix		AZ	85042
Mailing Address				
Mailing Address	2910 E Gary Way	·		
Second Service V		ated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spons
4.			FEC ID number	C
3.			FEC ID number	C
3.		I	FEC ID number	C
1			FEC ID number	

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

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

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3.			C ID number	C
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I	<u> </u>	FE-	C ID number	C
4.		FE	C ID number	C
lame of Any Conne House Victory	ected Organization, Affiliated Committee / Project 2020	e, Joint Fundraising	Representative	e, or Leadership PAC Spons
Mailing Address	918 Pennsylvania Ave SE	1		1
	Litition			
	Washington		DC	20003
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	nected Organization Affiliated Commit	Joint Fundra	ising Representa	Leadership PAC Sp
	dentify by name, address (phone number			Leadership FAO Sp
esignated Agent: lo	_		lising nepresente	Leadership FAO Sp
esignated Agent: Id	_		lising nepresente	Leadership FAO Sp
esignated Agent: Id	dentify by name, address (phone number			
Pesignated Agent: Id	dentify by name, address (phone number	- optional)	STATE A	ZIP CODE A

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

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

TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or material lame of Bank, Depository, etc.  Mailing Address		her depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma		her depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma		her depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma		ner depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Depositor		ner depositories in which	the committee deposit	s funds, holds accounts, rents
	wie en Liet ell hembe en et	har dangaitarias in which	the committee derivative	o fundo, holdo coccueto aceste
TITLE OR POSITION				
TITLE OR POSITION			elephone Number	
	▼ (	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Connected  Designated Agent: Identify			t Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY ▲	STATE A	ZIP CODE ▲
Dalai II	Washington		DC	20003
	2nd Fl			
Mailing Address	420 S Capitol St SE			
Name of Any Connected Hold The House \		Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponso
4.				
. 1			FEC ID number	C
3.			FEC ID number	C
3.			FEC ID number	C
2			FEC ID number	C

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

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

h). <b>Joint Fundraisir</b>		FEC ID number	
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		- Lo ID Hambon	0
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
MEECA Victory F	und 		
Mailing Address	910 17th St NW		
ag . wa. eee	Ste 925		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
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Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A