FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CE4A Action 3600 136th PI SE STE 270 ADDRESS (number and street) (Check if address is changed) Bellevue 98006 WA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mcarcellar@fortisaccountingsolutions.com is changed) Optional Second E-Mail Address alexander.mcdonough@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ceforamerica.org/about-ce4a-1 (Check if address is changed) DATE 2024 C00838177 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 Carcellar, Micah, , Date 01 23 2024 Signature of Treasurer Carcellar, Micah, , , 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

FEC Form 1 (Revised 03/2022)	e 2
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 candida information below.)	te
Name of Candidate	
Candidate Office Sought: House Senate President	-
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	l
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party Committee:	ty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:
Corporation Corporation w/o Capital Stock Labor Organizatio	n
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 committee. (i.e., nonconnected committee)	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 or more positive committees/organizations, at least one of which is an authorized committee of a federal candidate.	litical
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.	litical
Committees Participating in Joint Fundraiser	
1. C	井

I	FEC Form 1 (Revised 0	2/2009)	Page 3
W	rite or Type Committee Name		
	CE4A Action		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	None	<u> </u>	
	Mailing Address		
			1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represen	tative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the perso	on in possession of committee
	Carcellar, N	licah	
	Full Name		
	Mailing Address	3600 136th PI SE STE 270	
		Bellevue	98006
		CITY A CTATE A	7/D CODE A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Records	Telephone number	360 - 581 - 9219
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee ssistant treasurer).	e; and the name and address of
	Full Name McDonough	ı, Alexander, , ,	
	of Treasurer		
	Mailing Address	611 Pennsylvania Ave SE #482	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	360 581 - 9219

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Full Name of Designated Carcellar Agent	, Micah, , ,		
Mailing Address	3600 136th PI SE STE 270		
	Bellevue	WA WA	98006
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		Telephone number	360 - 581 - 9219
Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in ntains funds.	which the committee deposits	funds, holds accounts, rents
Name of Bank, Depository,	etc.		
Bank of	San Francisco		
Mailing Address	345 California Street #1600		
	San Francisco	CA	94104
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisin	,			
1.		FEC II	D number	C
2.		FEC II	D number	C
3.		FEC II	D number	С
4.		FEC II	D number	С
lame of Any Connected	Organization, Affiliated Committee,	oint Fundraising Re	presentative	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee by name, address (phone number –	Joint Fundraisin	g Representa	Leadership PAC Sp
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number –		g Representa	ative Leadership PAC Sp
esignated Agent: Identify Warren, I	by name, address (phone number -		g Representa	Leadership PAC Sp
esignated Agent: Identify Warren, I Full Name	by name, address (phone number –		g Representa	Leadership PAC Sp
esignated Agent: Identify Warren, I Full Name	by name, address (phone number –		g Representa	Leadership PAC Sp
esignated Agent: Identify Warren, I Full Name	by name, address (phone number – Nancy L, , , , 454 Las Gallinas Ave PMB 282	optional)		
resignated Agent: Identify Warren, I Full Name Mailing Address	by name, address (phone number – Nancy L, , , , 454 Las Gallinas Ave PMB 282	optional)	CA STATE A	94903
Warren, I Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	by name, address (phone number – Nancy L, , , 454 Las Gallinas Ave PMB 282 San Rafael CITY	Telephone N	CA STATE A	94903 ZIP CODE A
esignated Agent: Identify Warren, I Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Assistant Treasurer anks or Other Depositor	by name, address (phone number – Nancy L, , , 454 Las Gallinas Ave PMB 282 San Rafael CITY ies: List all banks or other depositoric	Telephone N	CA STATE A	94903 ZIP CODE A
esignated Agent: Identify Warren, I Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – Nancy L, , , 454 Las Gallinas Ave PMB 282 San Rafael CITY ies: List all banks or other depositoric	Telephone N	CA STATE A	94903 ZIP CODE A
Warren, I Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – Nancy L, , , 454 Las Gallinas Ave PMB 282 San Rafael CITY ies: List all banks or other depositoric	Telephone N	CA STATE A	94903 ZIP CODE A
Warren, I Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	by name, address (phone number – Nancy L, , , 454 Las Gallinas Ave PMB 282 San Rafael CITY ies: List all banks or other depositoric	Telephone N	CA STATE A	94903 ZIP CODE A
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