2021-08-16-03-00585599

FEC FORM 1

STATEMENT OF ORGANIZATION

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				Cince (USE OTHY
NAME OF COMMITTEE (in full)	(Check if r is changed		ole:If typing, type he lines.	12FE4M5	
[идтіриац сузтомя вкок	ERS & FORWARD	ERȘ ĄSȘOÇIAJTIQ	N OF AMERIÇA., INC	. PAC	
ADDRESS (number and street)	[8601 GEORGIA	AVENUE SUITE F	312		
(Check if address is changed)		<u> </u>			
- '	SILVER, SPRING			MD. 20910 STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	[кмиррну@ис	ÇBFAA.QRG		111111	
	Optional Second E	E-Mail Address RY@NCBFAA OI	 RG**:		
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COMMITTEE'S WEB PAGE AD			II April 1005 (n. 1916). Abi Abi Abi Kalendari Persanahan Kalendari Seri	Zing bis our ender	
☐ ◀ (Check if address is changed)					
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2. DATE 0 7 3.	2 02 1		The state of the s	and the state of t	
3. FEC IDENTIFICATION N	UMBER ▶	C 0 0 2 0	7 969		
4. IS THIS STATEMENT	NEW (N)	OR 🗵	AMENDED (A)		
I certify that I have examined the	nis Statement and to	the best of my kn	owledge and belief it	is true, correct and cor	mplete.
Type or Print Name of Treasure	MEGAN MOI	NTGOMERY			
Signature of Treasurer	M	n		Date D'8	2021
NOTE: Submission of false, erron			ct the person signing th		alties of 52 U.S.C. §30109.
Office Use Only			for further Information co lederal Election Commissio foll Free 800-424-9530	n FE	EC FORM 1 levised 06/2012)

í	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
TYPE	E OF C	OMMITTEE			
Can	didate	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. (Compinformation below.)	plete the candidate		
Name Cano	e of didate				
	didate / Affiliati	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of didate				
Part	ty Con	mittee:	_		
(d)			Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)	$\overline{\times}$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a		
		Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
			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.)			
Join	it Func	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.	o 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.				
	2.	FEC ID number			
	3.	FEC ID number C			
	4.				

	_			
_	FEC Form 1 (Revis	ed 02/2009)		Page 3
٧	Vrite or Type Committee N	arne		
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundra	ising Representative, or Lead	ership PAC Sponsor
18	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩			EDICALING I
<u> </u>	MATIONAL COSTO	DMS BROKERS & FORWARDERS AS		ERIGALING.
L				
	Mailing Address	8601 GEORGIA AVENUE SUITE 612		
		SILVER SPRING	MP 2091	0, ,]-[, , ,
		CITY	STATE	ZIP CODE
	Relationship: Conne	ected Organization Affiliated Committee Joint F	Fundraising Representative	Leadership PAC Sponsor
	لنظ		_	
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional)	and position of the person in	possession of committee
	Social and records.			
	Full Name MEG	AN MONTGOMERY		
	Mailing Address	8601 GEORGIA AVENUE SUITE 612		
			<u> </u>	
		SILVER;SPRING	MD 2091	ρ,, - ,,,,
	Title or Position	CITY	STATE	ZIP CODE
	The of Fosition	CITT	SIAIL	ZII OODE
	TREASURER, ,	Tele	phone number 301	518 1276
8.	Treasurer: List the name any designated agent (e	a and address (phone number optional) of the treas g., assistant treasurer).	surer of the committee; and the	name and address of
	Full Name of Treasurer MEG/	N MONTGOMERY		
	Mailing Address	8601,GEORGIA AVENHE,SUITE 612,		
			<u> </u>	
		SILVER, SPRING	MP 2091	ρ,, Ι-Ι,,,,
		CITY	STATE	ZIP CODE
	Title or Position	مام ت ا بیایی T مامت	phone number 301	51,8

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Full Name of Designated Agent			
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position			
	Telep	phone number	
SUN	NTRUST ΒΑΝΚ 11,50,CONNECTICUT ΑVENUE,NW		
Walling Vices		1.	
	[WASHINGTON	DÇ 20	036
	CITY	STATE	ZIP CODE
Name of Bank, Deposi	itory, etc.		
L	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address			
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	CITY	STATE	ZIP CODE

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Federal Election Commission 999 E Street, NW Washington, DC 20463

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Hand Delivered	Date of Receipt
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USPS First Class Mail 7/32/21	8/12/21
USPS Registered/Certified	Postmarked (R/C)
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Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
JAM. PREPARER	8/16/21 DATE PREPARED
(3/2015)	DATE PREPARED
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