

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

MARK MARCELLINI FOR PRESIDENT

ADDRESS (number and street) 289 Leota Ave.

(Check if address is changed)

Sunnyvale CITY ▲ CA STATE ▲ 94086 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) mark@thepeopleslife.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 19 / 2022

3. FEC IDENTIFICATION NUMBER ▶ C C00826891

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 Marcellini, Mark, , ,

Signature of Treasurer Marcellini, Mark, , , [Electronically Filed] Date 01 / 03 / 2023

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.

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 Candidate Marcellini, Mark, , ,

Candidate Party Affiliation NON Office 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. _____
2. _____

C

C

Write or Type Committee Name

MARK MARCELLINI FOR PRESIDENT

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

NONE

Grid lines for organization name entry.

Mailing Address

Grid lines for mailing address entry.

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.

Marcellini, Mark, , ,

Full Name

Grid lines for full name entry.

Mailing Address

289 Leota Ave.

Grid lines for mailing address line 1.

Sunnyvale

CA

94086

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Founder/President

Grid lines for title or position entry.

Telephone number

650

520

1877

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).

Marcellini, Mark, , ,

Full Name of Treasurer

Grid lines for full name of treasurer entry.

Mailing Address

289 Leota Ave.

Grid lines for mailing address line 1.

Sunnyvale

CA

94086

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Founder/President

Grid lines for title or position entry.

Telephone number

650

520

1877

Full Name of Designated Agent

Marcellini, Mark, , ,

Mailing Address

289 Leota Ave.

Sunnyvale

CA

94086

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

650

520

1877

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.

Bank of America

Mailing Address

1310 S. Mary Ave.

Sunnyvale

CA

94087

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲