FEC FORM 1				NT OF ATION			Office U		E 1 / 4 —
1. NAME OF COMMITTEE (in	full)	× (Check is chan	if name ged)	Example: If ty over the lines		12FE4	1M5		
	Congre								
ADDRESS (number ar	nd street)	PO Box 292500							
🖌 🖌 (Check if a	address								
is changed)	Los Angeles					90029		
		CITY ▲				STATE 4		ZIP CODI	
COMMITTEE'S E-MA		S							
(Check if a		vote@maeb	eagirlforco	ngress.org					1
is changed	1)	Optional Secon	d E-Mail Add	Iress					
COMMITTEE'S WEB	address	PRESS (URL)	ngress.org						
2. DATE 06	M / D 14	D / Y Y Y 2019	Ŷ						
3. FEC IDENTIFIC	ation NU	MBER 🕨	C co	00709501					
4. IS THIS STATEM	IENT	NEW (N)	OR	× AME	NDED (A)				
I certify that I have e	examined thi	s Statement and	to the best	of my knowledge	and belief i	t is true, co	rrect and com	plete.	
Type or Print Name of	of Treasurer	Sprague, Chloe	3 3 3						
Signature of Treasure	er Spragu	e, Chloe, , ,		[Electronic	cally Filed]	Date	M M / D 01 1		y y y 2023
NOTE: Submission of t	false, errone			may subject the period				Ities of 52 U.S	S.C. §30109
Office Use Only				Federal El	r information of ection Commiss 00-424-9530 694-1100			C FORM vised 06/2012	_

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5.	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 t information below.)	he candidate
	Name of Candidate Pudlo, G "Maebe", , ,	
	Candidate Office Party Affiliation DEM Sought: K House Senate President	State CA
		District 30
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democrating the publication of the or subordinate) committee of the	iic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coope	rative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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).	

(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.

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.

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Write or Type Committee Name

Maebe for Congress

6.	Name of Any C NONE	onnec	ted	Org	aniz	zatio	on,	Affi	liat	ed	С	om	mit	tee	, Jo	oint	t F	uno	dra	isir	ng	Re	pre	sei	nta	tive	e, o	r L	.ea	der	ship	PA	C	Sp	ons	sor	
	Mailing Address			L				1	1																												
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	Relationship:	Con	necte	ed O	rgan	izat	ion		Af	ffilia	itec	0	rga	niza	atior	ו		Jo	oint	Fu	Indr	rais	ing	Re	pre	sen	tativ	/e			Lea	ders	ship	PA	C :	Spo	nso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Spragu	e, Chloe, , ,
Full Name	
Mailing Address	PO BOX 292500
	Los Angeles
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Campaign Manager	Telephone number 269 - 579 - 2299

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).

Full Name	Sprague, Chloe, , ,							
of Treasurer								
Mailing Address	PO Box 292500							
	Los Angeles CA 90029							
	CITY ▲ STATE ▲ ZIP CODE ▲							
Title or Position ▼								
Telephone number 269 579 2299								

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Full Name of Designated Agent	Pudlo, G "Maebe", , ,	
Mailing Address	PO Box 292500	
	Los Angeles CA 90029	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Assistant Treasur	rer Telephone number = 894 3100)

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.

	- 		
Mailing Address	10255 Riverside Dr		
	Toluca Lake	CA 91602	
		STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲