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FEC FORM 1		STATEME ORGANIZ			I
				C	Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
The Seneca	Project				
ADDRESS (number a	nd atraat)	1500 K Street NW			
Check if a	address	2nd Floor			
is changed	(k	Washington			005
				STATE ▲	ZIP CODE
COMMITTEE'S E-MA		SS			
(Check if a is changed		jorge@tmwcompliance.c	om		
is changed	<i></i>	Optional Second E-Mail A	Address		· · · · · · · · · · · · · · ·
(Check if a is changed					
2. DATE 04		D / Y Y Y Y 2024			
3. FEC IDENTIFIC	CATION NU	IMBER ► C	C00877027		
4. IS THIS STATEN	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined thi	is Statement and to the be	est of my knowledge and belief i	t is true, correct an	d complete.
Type or Print Name	of Treasurer	Montoya, Dacey, , ,			
Signature of Treasure	er Monto	oya, Dacey, , ,		Date 05	/ D D / Y Y Y Y 02 2024
NOTE: Submission of	false, errone		on may subject the person signing MATION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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 t information below.)	he candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
	(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       (Democrate Republicant	ic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	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 segregate 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) X 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 F	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	
The Seneca Project Inc	

Mailing Address				
		CITY 🔺	STATE 🔺	ZIP CODE

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

Montoya	Dacey, , ,
Full Name	
Mailing Address	1500 K Street NW
	2nd Floor
	Washington         DC         20005
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     602     228     8902

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 of Treasurer	Montoya, Dacey, , ,
Mailing Address	1500 K Street NW
	2nd Floor
	Washington         DC         20005
	CITY A STATE A ZIP CODE A
Title or Position	
Treasurer	Image:

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Full Name of Designated Agent					
Mailing Address					
		CITY	″▲	STATE 🔺 💈	ZIP CODE 🔺
Title or Position ▼					
			Telephone numb	oer	

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.

A	malgamated Bank		
Mailing Address	275 Seventh Avenue		
	New York City	NY 100	D1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Dep	ository, etc.		
L			
Mailing Address			
	CITY A	STATE A	ZIP CODE