FEC

Only

STATEMENT OF

PAGE 1/7 -

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mondaire for Congress PO Box 873 ADDRESS (number and street) (Check if address is changed) Sleepy Hollow 10591 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address sue@bluewavepolitics.com is changed) Optional Second E-Mail Address dc-compliance@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) mondaireforcongress.com (Check if address is changed) DATE 2024 C00711150 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 Jackson, Sue,, Date 07 15 2024 Signature of Treasurer Jackson, Sue, , , 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

EC Form 1 (Revised 03/2022)	Page 2
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 the information below.)	ie candidate
Name of Candidate Jones, Mondaire, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State NY District 17
(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 (Democration or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	ative
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)	d 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).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid Pa	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
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٧	Vrite or Type Committee Name					
	Mondaire for Cor	ngress				
6.	Name of Any Connected Or	ganization, Affiliated Committe	e, Joint Fundra	aising Repres	entative, or Leade	ership PAC Sponsor
	Jones Victory Fund					
	Mailing Address	122 C Street NW				
		Suite 360				
		Washington			DC 2000	1
		CITY A		5	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiz	zation X Join	nt Fundraising I	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone numb	per optional) a	nd position of	the person in posse	ssion of committee
	Thoman, Sh	nayne, , ,				
	Full Name	122 C St NW				
	Mailing Address					
		Suite 360				
		Washington			DC 2000	<u> </u>
		CITY ▲		S	STATE A	ZIP CODE ▲
	Title or Position ▼					
	Compliance Director		Tel	lephone numb	er 919 -	592 - 9826
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optionssistant treasurer).	onal) of the trea	asurer of the o	committee; and the	name and address of
	Full Name Jackson, Su of Treasurer	Je, , ,				
	Mailing Address	122 C St NW				
		Suite 360				
		Washington			DC 2000	1 -
		CITY A				ZIP CODE ▲
	Title or Position ▼	CITY A		5	DIALE A	ZIF CODE A
	Treasurer] Te	lephone numb	er 919 -	592 - 9826

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent Mailing Address	Thoman, Shayne, , , 122 C St NW Suite 360 Washington DC	20001
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position Assistant Treasur		
	Depositories: List all banks or other depositories in which the committee deposits fuxes or maintains funds.	inds, holds accounts, rents
Name of Bank, D	pepository, etc.	
Mailing Address	Amalgamated Bank 275 7th Ave	40004
	New York CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, 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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Page	of '	

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FEC Form 1S (Revised 02/2017)

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

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lame of Any Connec	ted Organization, Affiliated Committee, Join	t Fundraising Representa	ative, or Leadership PAC Spon
HOUSE VICTORY	PROJECT 2024		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE	ZIP CODE ▲
esignated Agent: Ide	entify by name, address (phone number – opti	onal)	
esignated Agent: Ide	entify by name, address (phone number – opti	onal)	
	entify by name, address (phone number – opti	onal)	
Full Name	entify by name, address (phone number – opti	onal)	
Full Name	entify by name, address (phone number – opti	onal)	
Full Name	CITY A	onal)	ZIP CODE A
Full Name	CITY A		ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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MER MAJORITY FUND 600 PENNSYLVANIA AVE SE #15180 WASHINGTON CITY Organization Affiliated Committee	FEC ID number	ive, or Leadership PAC Spon
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▼ CITY ▲	STATE A	ZIP CODE ▲
-	Telephone Number	
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