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Image# 20240525964878	1685		_	PAGE 1 / 10
FEC FORM 1	STATEMEN ORGANIZA			
1. NAME OF	(Chock if name	Example: If typing, type	Office Us	e Only
COMMITTEE (in fu	II) (Check if name is changed)	over the lines.	12FE4M5	
Mikie Sherrill f	or Conaress			
ADDRESS (number and	PO Box 43032			
(Check if add				
is changed)	Montclair		NJ 107043	
COMMITTEE'S E-MAIL				
(Check if add is changed)	Iress smele@mbacg.com			
	Optional Second E-Mail Add	Iress		
	Idecot@mbacg.com			
COMMITTEE'S WEB PA (Check if add is changed)				
2. DATE 05	/ D D / Y Y Y Y 25 2024			
3. FEC IDENTIFICAT		00640003		
4. IS THIS STATEMEI	NT NEW (N) OR	× AMENDED (A)		
certify that I have exa	mined this Statement and to the best	of my knowledge and belief it	is true, correct and comp	blete.
Type or Print Name of <sup>-</sup>	Treasurer Mele, Steven, , ,			
Signature of Treasurer	Mele, Steven, , ,		Date 05 / 22	
NOTE: Submission of fals	e, erroneous, or incomplete information a ANY CHANGE IN INFORMAT	may subject the person signing the TION SHOULD BE REPORTED N		ies of 52 U.S.C. §30109.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		<b>FORM 1</b> rised 06/2012)

FEC 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. (Comp information below.)	plete the candidate
Name of Sherrill, Mikie, , , Candidate	
Candidate DEM Office Sought: X House Senate President	t District 11
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	abor 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 seg committee. (i.e., nonconnected committee)	gregated 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 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.

Relationship:

Connected Organization

	FEC Form 1 (Revised 02	2/2009)																Pa	age	3		-
W	Irite or Type Committee Name																					
	Mikie Sherrill for	Congress																				
6.	Name of Any Connected Or	rganization, Affiliated	Committ	ee, J	oint	Fun	drai	ising	g Re	pre	sen	tativ	e, o	or Lo	ead	ersl	hip	PA	c s	Spor	nsor	
	Service First Women'	's Victory Fund																				
	Mailing Address	PO Box 9		<u>   </u>												1						
											K	Y		4	1058	8			- [			
			CITY	<b>\</b>							STA	TE 🖌					ZIF	o co	DDE	Ξ▲		

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

 $\mathbf{X}$  Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Mele, Steve	en,,,	
Full Name		
Mailing Address	611 Pennsylvania Ave SE	
	#143	
	Washington      DC      20003	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Treasurer	Telephone number	

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	Mele, Steven, , ,
of Treasurer	
Mailing Address	611 Pennsylvania Ave SE
	<b>#143</b>
	Washington  DC  20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Image: Telephone number  Image: Telephone number

FEC Form 1	(Revised 02/2009)
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Full Name of Designated Agent	Lee, Lauren, Decot, ,	
Mailing Address	611 Pennsylvania Ave SE	
	_#143 + + + + + + + + + + + + + + +	
	Washington      DC      20003	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Assistant Treasu	er	

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.

	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington		06
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲

5(g) or (h).	Joint Fundraising	y Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
6. Name	of Any Connected (	Organization, Affiliated Con	nmittee, Joint Fund	aising Representative	e, or Leadership PAC Sponsor
Nev	w Jersey Democrat	ic State Committee			
Ν	Mailing Address	196 West State Street			
		Trenton		NJ	08608
F	Relationship:	CIT	Y▲	STATE A	ZIP CODE
	Connected	Organization × Affiliated C	Committee Join	t Fundraising Represent	ative Leadership PAC Sponso
Ful	II Name				
Ма	ailing Address				
ТІ	ITLE OR POSITION	CITY	<b>A</b>	STATE 🔺	ZIP CODE
			<u> </u>	elephone Number	
			epositories in which	the committee deposit	ts funds, holds accounts, rents
-	deposit boxes or mai	ntains tunds.			
	of Bank, itory, etc.				
	Mailing Address				

1.		g Participant:						
I					FEC ID number	С		
2.					FEC ID number	С		
3.					FEC ID number	С		
4.					FEC ID number	С		
<del>т</del>								
Name of (	Any Connected (	Organization Af	filiated Committee, Joir	nt Fundraisi	na Benresentativ	or Leader	shin PAC Sno	nsor
	America Victory				ng noprocontaire	, 01 20000		
Maili	ing Address	PO Box 2013						1 1
Iviali	ng Address							
		Salem				01970		
Rela	tionship:		CITY A		STATE A		ZIP CODE	
	Connected	Organization	Affiliated Committee	× Joint Fur	ndraising Representa	ative Le	adership PAC	Sponsor
Full Na	ame	<u> </u>						
Mailing	g Address							
דודו ב						z		
TITLE	E OR POSITION	▼	1	Tolon	L STATE ▲	z		

L

(g) or (h)	). Joint Fundraising	Participant:					
	1.			FEC	ID number	С	
	2.			FEC	ID number	С	
	3.			FEC	ID number	С	
	4.			FEC	ID number	С	
	-	-	iliated Committee, Joint I	Fundraising I	Representativ	e, or Leadership PAC Spon	sor
	NJ Dems Victory Fund						
L							
	Mailing Address	196 W State St					
							I
		Trenton			NJ NJ	08608	
	Relationship:				STATE		
	Connected	Organization	Affiliated Committee	Joint Fundrai	sing Represent	ative Leadership PAC Sp	oonsor
	Full Name						
	<u> </u>						
	Mailing Address						
	Mailing Address						
	Maning Address						
							I
	TITLE OR POSITION	L					 
		<pre></pre>		Telephone			
safe Nai		ies: List all banks			Number		
safe Nai	TITLE OR POSITION	ies: List all banks			Number		           
safe Nai	TITLE OR POSITION	ies: List all banks			Number		   
safe Nai	TITLE OR POSITION	ies: List all banks			Number		

5(g) o	r(h). Joint Fundraising	g Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	Sherrill Victory Fund			
	Mailing Address	611 Pennsylvania Avenue SE		
		Suite 143		
		Washington		20003
	Relationship:		STATE ▲	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representativ	ve
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
	Full Name		I I I I I I I I I I I I I I I I I I I	
9.	Full Name       Mailing Address      TITLE OR POSITION         Banks or Other Depositor      safety deposit boxes or ma		lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION		lephone Number	
9.	Full Name		lephone Number	
9.	Full Name       Mailing Address      TITLE OR POSITION         Banks or Other Depositor      safety deposit boxes or ma      Name of Bank,      Depository, etc.		lephone Number	
9.	Full Name       Mailing Address      TITLE OR POSITION         Banks or Other Depositor      safety deposit boxes or ma      Name of Bank,      Depository, etc.		lephone Number	

5(g) c	or (h). Joint Fundraising	g Participant:						
	1.			FEC II	D number	С		
	2.			FEC II	D number	С		
	3.			FEC II	D number	С		
	4.			FEC II	D number	С		
6.	Name of Any Connected	Organization, Affil	liated Committee, Joint	Fundraising Re	oresentative	e, or Leader	ship PAC Spo	onsor
	Democratic Future Le	-						
		. DO Poy 15945						
	Mailing Address	PO Box 15845						
		Washington			DC	20003		
	Relationship:	_	CITY A		STATE 🔺	_	ZIP CODE	
	Connected	I Organization	Affiliated Committee	Joint Fundraisin	g Representa	ative L	eadership PAC	Sponsor
8.	Designated Agent: Identify	v by name, address	s (phone number – option	al)				
	Full Name			, 				
	Mailing Address							
	TITLE OR POSITION	▼	CITY A		STATE 🔺	Z	IP CODE ▲	
				Telephone N	lumber			
9.								anto
	Banks or Other Depositor safety deposit boxes or ma	r <b>ies:</b> List all banks intains funds.	or other depositories in v	which the commi	ttee deposit	s funds, hold	ls accounts, re	ents
	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks intains funds.	or other depositories in v	which the commi	ittee deposit	s funds, hold	ls accounts, re	
	safety deposit boxes or ma Name of Bank,	ries: List all banks intains funds.	or other depositories in v	vhich the commi	ittee deposit:	s funds, hold	ls accounts, re	
	safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks intains funds.	or other depositories in v	vhich the commi	ittee deposit:	s funds, hold	ls accounts, re	
	safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks intains funds.	or other depositories in v	vhich the commi		s funds, hold	ls accounts, re	

5(g) or	(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Le	eadership PAC Sponsor
	MECA Victory Fund			
	Mailing Address	611 Pennsylvania Ave SE		
		Ste 143		
		Washington		0003
	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative	Leadership PAC Sponsor
8. <b>[</b>	Designated Agent: Identify	by name, address (phone number - optional)		
	Mailing Address	1		
		1		
	TITLE OR POSITION		STATE	
			ephone Number	- [
5	<b>Banks or Other Depositor</b> safety deposit boxes or ma Name of Bank, ,	<b>ries:</b> List all banks or other depositories in which t intains funds.	he committee deposits funds	, holds accounts, rents
	Depository, etc.			
	Mailing Address			
		CITY 🔺	STATE A	ZIP CODE