FEC

Only

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Becerra for Congress 611 Pennsylvania Ave SE ADDRESS (number and street) Num 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address becerra@mbacg.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00264101 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 Mele, Steven,, Date 04 02 2025 Signature of Treasurer Mele, Steven, , , 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

| E | C Form 1 (Revised 03/2022) | Page 2 |
|---|---|-----------------------|
| | 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 information below.) | candidate |
| | Name of Candidate Becerra, Xavier, , , | |
| | Candidate Party Affiliation Office Sought: House Senate President | State CA District 34 |
| | (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 Republican, | etc.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | I organization is a: |
| | Corporation Corporation w/o Capital Stock Labor Or | ganization |
| | Membership Organization Trade Association Cooperat | ive |
| | 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 committee. (i.e., nonconnected committee) | 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 | C). |
| | 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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political |
| | Committees Participating in Joint Fundraiser | |
| | 1 | |

| FEC Form 1 (F | Revised 02/2009) | Page 3 |
|--|--|-----------------------------------|
| Write or Type Committee | ee Name | |
| Becerra for | Congress | |
| . Name of Any Conn | nected Organization, Affiliated Committee, Joint Fundraising Representati | ive, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE | ▲ ZIP CODE ▲ |
| Relationship: Co | onnected Organization Affiliated Organization Joint Fundraising Representation | entative Leadership PAC Sponso |
| Custodian of Record books and records. | rds: Identify by name, address (phone number optional) and position of the per | rson in possession of committee |
| | Mele, Steven, , , | |
| Full Name | 1611 Pennsylvania Ave SE | |
| Mailing Address | of the distribution and the objective of | |
| | Num 143 | |
| | Washington | 20003 |
| | CITY ▲ STATE | ▲ ZIP CODE ▲ |
| Title or Position ▼ | | |
| Treasurer | Telephone number | |
| | name and address (phone number optional) of the treasurer of the commit nt (e.g., assistant treasurer). | ttee; and the name and address of |
| Full Name M | Mele, Steven, , , | |
| Mailing Address | 611 Pennsylvania Ave SE | |
| - | Num 143 | |
| | Washington DC | |
| | CITY ▲ STATE | ▲ ZIP CODE ▲ |
| Title or Position ▼ | | |
| Treasurer | Telephone number | 202 - 552 - 0221 |

| FEC Form | I (Revised 02/2009) | | Page 4 |
|-------------------------------------|--|-------------------|-----------------------------|
| Full Name of Designated Agent | Thompson, Colby, , , | 1 1 1 1 1 1 | |
| Mailing Address | 611 Pennsylvania Ave SE Num 143 | | |
| | Washington | DC | 20003 |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Asst Treasurer | | number | |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the comixes or maintains funds. | mittee deposits f | unds, holds accounts, rents |
| Name of Bank, [| Depository, etc. | | |
| | Amalgamated Bank | | |
| Mailing Address | | | |
| | | | |
| | Washington | J DC | 20009 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, [| Depository, etc. | | |
| | Charles Schwab | | |
| Mailing Address | 1065 E. Centerville Station | | |
| | | | |
| | Centerville | OH | 45459 |
| | 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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| (h). Joint Fundraisin | g Participant: | | |
|---|---|----------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fu | ndraising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connected | d Organization Affiliated Committee J | oint Fundraising Represent | ative Leadership PAC Sp |
| | Affiliated Committee J.J. by name, address (phone number – optional) | | Leadership PAC Sp |
| esignated Agent: Identify | | | Leadership PAC S |
| esignated Agent: Identify | | | Leadership PAC S |
| esignated Agent: Identify | | | Leadership PAC S |
| esignated Agent: Identify | by name, address (phone number – optional) | | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) | | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail | ries: List all banks or other depositories in whitintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Califori | composition of the properties | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Califori | ries: List all banks or other depositories in whitintains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailane of Bank, prepository, etc. Californ | composition of the properties | STATE A Telephone Number | ZIP CODE A |