Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		0	RGAN	IIZA [·]	TIO	N													
1. NAME OF		((Check if nam	ne	Examp	le:If typ	oing, tv	/pe	4	12F	212.4	ME	Off	ice U	se O	nly			
COMMITTEE (ir	n full)		changed)			e lines		, 1	ı	121	· E.4	MS	_	_	_				
PAC a Pun	ch																		
ADDRESS (number a	nd street)	Drawer L																	
(Check if a is changed																			
is shanged	-,	Mesilla CI								LNM STAT			8804	46	Z		ODE	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRES	S																	
(Check if a is changed		vasque	z@mbacg	.com															
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COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)																
(Check if a is changed																			
2. DATE 03	M / D 1		Y Y Y Y 2023																
3. FEC IDENTIFIC	CATION NU	MBER ▶		C008	834515														
4. IS THIS STATEM	MENT X	NEW	(N) O	R		AME	NDED	(A)											
I certify that I have e	examined this	s Statemer	nt and to the	best of	my kno	wledge	and b	oelief	it is	true,	cori	rect	and	com	plete).			
Type or Print Name	of Treasurer	Mele, Ste	even, , ,																
Signature of Treasure	er <i>Mele, S</i> —	teven, , ,			[E	lectronic	ally Fil	ed]	D	ate	T.	03	1	D ()2	′	20)23	Y
NOTE: Submission of	false, erroned		omplete inform		-									pena	lties	of 52	2 U.S.	C. §	 30109.
Office Use					Fe	or furthe deral Ele Il Free 8	ection C	ommis		act:							RM 2012)		

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commitinformation below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	ne 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	eparate segregated 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	5.)
(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 ac	ccounts (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 process committees/organizations, at least one of which is an authorized committee of a federal committee.	•
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal can	•
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , ,]	C
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	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	PAC a Punch		
6.	Name of Any Connected O VASQUEZ, GABRIE	rganization, Affiliated Committee, Joint Fundraising Representative, $L,\ ,\ ,$	or Leadership PAC Sponsor
	Mailing Address	DRAWER L	
		MESILLA NM	88046
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	tive x Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person	in possession of committee
	Mele, Steve	en, , ,	
	Full Name		
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Mele, Steve	en, , ,	
	of Treasurer		
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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	Full Name of Designated Agent	Lee, Lauren, Decot, ,	
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	1
		Washington	20003
	Tills on Booting	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasur	er Telephone number	
•		Depositories: List all banks or other depositories in which the committee deposits fur les or maintains funds.	nds, holds accounts, rents
	Name of Bank, D	epository, etc.	
		Amalgamated Bank	
	Mailing Address	1825 K Street NW	
		Washington	20006
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲