

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

Committee to Elect Matt Levine

ADDRESS (number and street) 7716 Northwest 123 Terrace

 (Check if address  
is changed)

Kansas City

CITY ▲

MO

64163

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

LevineforCongress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

www.levine4congress.com

2. DATE

M M / D D / Y Y Y Y  
04 / 28 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00904060

4. IS THIS STATEMENT

NEW (N)

OR

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 Levine, Julianne, , ,

Signature of Treasurer

Levine, Julianne, , ,

Date

M M / D D / Y Y Y Y  
06 / 26 / 2025NOTE: 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 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 the candidate information below.)

Name of Candidate

Levine, Matthew, , ,

Candidate Party Affiliation

DEM

Office Sought:

 House Senate President

State

MO

District

06

(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  (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 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)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

 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.  C

2.  C



Full Name of  
Designated  
Agent

Levine, Matthew, , ,

Mailing Address

7716 Northwest 123 Terrace

Kansas City

MO

64163

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

603

689

4373

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.

Bancorp Bank N.A.

Mailing Address

409 Silverside Road

Suite 105

Wilmington

DE

19809

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

<input type="text"/>
<input type="text"/>

Mailing Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name	Adaya, Daryl, , , <input type="text"/>
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Mailing Address	7716 Northwest 123 Terrace <input type="text"/>
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Kansas City	<input type="text"/>	MO	64163
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TITLE OR POSITION ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Campaign Manager	<input type="text"/>	Telephone Number	816 <input type="text"/> - 438 <input type="text"/> - 7442

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.	<input type="text"/>
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Mailing Address	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

CITY ▲

STATE ▲

ZIP CODE ▲