PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Mercedes-Benz North America Corporation US Employees PAC 1000 Maine Avenue SW ADDRESS (number and street) Suite 915 (Check if address is changed) Washington 20024 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address cynthia.albert@mercedes-benz.com is changed) Optional Second E-Mail Address robin@sextonpac.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00611897 FEC IDENTIFICATION NUMBER 3. X 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 Whiteman, Nicola,, 03 14 2025 Signature of Treasurer Whiteman, Nicola, , , Date 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State dent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	Democratic, lepublican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s 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 committee. (i.e., nonconnected committee)	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.)	
(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:	
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 cand	
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1	

	Write	or	Type	Committee	Name
--	-------	----	------	-----------	------

6.	Name of Any Conne	ected Organization, Affiliated Committee, Join	t Fundraising Representative, or	Leadership PAC Sponsor
	Mercedes-Benz	z North America Corporation		
	I			
	Mailing Address	36455 Corporate Drive		
		Farmington Hills		48331
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Co	nnected Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponsor
	_	_	_	_
7.	Custodian of Record books and records.	ls: Identify by name, address (phone number op	otional) and position of the person in	cossession of committee
	Alt	pert, Cynthia, L, ,		
	Full Name			
	Mailing Address	1000 Maine Ave SW		
		Suite 915		1
		Washington	DC DC	20024
		OLTY A	OTATE A	7ID CODE A
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Custodian of Records		1 202	ı ı 365 ı ı 1558 ı
			Telephone number	
8.	Treasurer: List the na	ame and address (phone number optional) of t (e.g., assistant treasurer).	the treasurer of the committee; and	d the name and address of
	Full Name W	niteman, Nicola, , ,		
	of Treasurer			
	Mailing Address	1000 Maine Avenue, SW		
		Suite 915		
		Washington	DC	20024
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 =	Omit 4	Z 00BE —
	Treasurer		Telephone number 202	
I				ı

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Albert, Cynthia, L, ,	
Mailing Address	1000 Maine Ave SW	
	Suite 915	
	Washington DC	20024
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur	rer Telephone number 20	2 365 - 1558
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits fuxes or maintains funds.	inds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Bank of America	
Mailing Address	888 17th Street, NW	
	Washington DC	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	repository, 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

Page ___ **of** 5___

h). Joint Fundraisi	ng Participant:			
1.		F	EC ID number	С
2.		F	EC ID number	С
3.		F	EC ID number	С
4.		F	EC ID number	С
ame of Any Connected	Organization, Affiliated Comm	ttee, Joint Fundraisin	g Representativ	e, or Leadership PAC Spon
Mailing Address	1			
· ·				
				1
Relationship:	CITY		STATE A	ZIP CODE ▲
	d Organization Affiliated Com		raising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone num			
esignated Agent: Identif	y by name, address (phone num			
esignated Agent: Identii Sexton, Full Name	y by name, address (phone num			
esignated Agent: Identii Sexton, Full Name	y by name, address (phone num		MD	21613
esignated Agent: Identification Sexton, Full Name Mailing Address	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge			
esignated Agent: Identii Sexton, Full Name	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge	ber – optional)	MD	21613
esignated Agent: Identification Sexton, Full Name Mailing Address TITLE OR POSITION Consultant Anks or Other Depositor	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge CITY wries: List all banks or other dep	ber – optional)	STATE A	21613 ZIP CODE A 301 - 325 - 53
Sexton, Full Name Mailing Address TITLE OR POSITION Consultant Consultant Anks or Other Deposite aftety deposit boxes or mame of Bank,	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge CITY wries: List all banks or other dep	ber – optional) Telepho	STATE A	21613 ZIP CODE A 301 - 325 - 53
Sexton, Full Name Mailing Address TITLE OR POSITION Consultant Consultant Anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge CITY wries: List all banks or other dep	ber – optional)	STATE A	21613 ZIP CODE A 301 - 325 - 53
Sexton, Full Name Mailing Address TITLE OR POSITION Consultant Consultant Anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge CITY wries: List all banks or other dep	ber – optional) Telepho	STATE A	21613 ZIP CODE A 301 - 325 - 53
Sexton, Full Name Mailing Address TITLE OR POSITION Consultant anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge CITY wries: List all banks or other dep	ber – optional) Telepho	STATE A	21613 ZIP CODE A 301 - 325 - 53
Sexton, Full Name Mailing Address TITLE OR POSITION Consultant Anks or Other Deposite fety deposit boxes or mare of Bank, epository, etc.	y by name, address (phone num Robin, M, , 5120 Paw Paw Rd Cambridge CITY wries: List all banks or other dep	ber – optional) Telepho	STATE A	21613 ZIP CODE A 301 - 325 - 53