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Susan Gasior Paralegal

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April 29, 2024

Via Federal Express Tracking No. 7761 5713 2221

Federal Election Committee 1050 First Street, N.E. Washington, DC 20002

RE: Monroe Energy LLC Fueling the Climb Political Action Committee

FED Identification No. C00613133 Amended Statement of Organization

Dear Sir/Madam:

We serve as counsel to Monroe Energy LLC Fueling the Climb Political Action Committee (the "PAC"). Enclosed please find the original copy of an Amended Statement of Organization, FEC Form 1, on behalf of the PAC. Kindly file same accordingly.

Should you have any questions or comments, please contact the undersigned.

Thank you for your prompt attention to this matter.

ery truly yours,

Susan Gasior Paralegal

Obermayer Rebmann Maxwell & Hippel, LLP

/sg

Enclosures

cc w/enclosures: Matthew McGlaughlin

(via email)

## 2024 04 30 03 00470774

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

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Office Use Only

			Office Use C	,
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
MONROE ENERGY, LLC F	UELING THE CLIMB ROL	LITICALIAÇTION GOMMITI	EE	
			11111111	
ADDRESS (number and street)	4101 POŞT RQAD			لسسا
☐				
	TRAINER CITY A		PA 19061 1 STATE ▲ 2	IP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS			
☐	FUELINGITHECLIMB@	GMAIL.COM		
	Optional Second E-Mail Add			1
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		•	
(Check if address	1 1 1 1 1 1 1 1 1 1			
is changed)	1	<del></del>		
2. DATE 04 09	2024			
3. FEC IDENTIFICATION NU	JMBER ▶ C 000	513133		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	s true, correct and complet	<b>e</b> .
Type or Print Name of Treasure	MATTHEW MCGLAU	JGHLIN		
Signature of Treasurer	Matthew D. Mc	Haughlin (	Date 79 23	12024
NOTE: Submission of false, errone		may subject the person signing the		of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530	n FEC I	FORM 1 d 03/2022)

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FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	ommittee. (Complete the candidate
Name of Candidate	<del></del>
Candidate Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	
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.	, <b>=-</b> 4
(f) This committee supports/opposes more than one Federal candidate, and is NO committee. (i.e., nonconnected committee)	T a separate 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 P.	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contributi	on 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 committees/organizations, at least one of which is an authorized committee of a	
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1.	
2.	C

_	FEC Form 1 (Revised	03/2022)			Page 3
V	Vrite or Type Committee Name	•			
6.	Name of Any Connected C	Organization, Affiliated Committee, J	oint Fundraising Rep	resentative, or l	_eadership PAC Sponsor
	<u> </u>		<u> </u>	<del></del>	
	Mailing Address		<u> </u>	<u> </u>	<u> </u>
			<u> </u>		
		CITY A		STATE ▲	ZIP CODE A
	Relationship: Connected	1 Organization Affiliated Organization	n Joint Fundraisin	g Representative	Leadership PAC Sponso
	·				
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number	optional) and position	of the person in p	ossession of committee
	Full Name				
	Mailing Address				
				ا ليا	
	Title or Position ▼	CITY A		STATE ▲	ZIP CODE ▲
			Telephone nur		J-L
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the	e committee; and	I the name and address of
	Full Name of Treasurer	<u> </u>			
	Mailing Address	<u> </u>			
				11.11.1	
			للبلل		
		CITY ▲	·	STATE ▲	ZIP CODE ▲
	Title or Position ▼		<b>-</b>		1-1 . 1-1
			Telephone nur	nber LII	L <del>-</del> L

FEC Form	1 (Revised 03/2022)	Page 4
Full Name of Designated Agent	ТНОМАS, DONOHUE , , , , , , , , , , , , , , , , , , ,	
Mailing Address	4101 POST ROAD	
	TRAINER   19061	
	CITY ▲ STATE ▲	ZIP CODE A
Title or Position		
ASSISTANT	TREASURER   1	364 <sub> </sub>
9. Banks or Other safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.	s accounts, rents
Name of Bank,	Depository, etc.	
Mailing Address		
		لبيبيب
	CITY ▲ STATE ▲	ZIP CODE A
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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CENTRE SOUARE WEST
PHILADELPHIA, PA 19102
UNITED STATES US

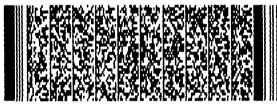
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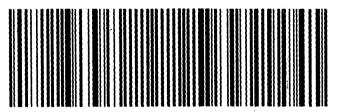
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(4/2023)	DATE PREPARED		