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Image# 202407239665717792 FEC FORM 1	STATEMEN ORGANIZA		0#	07/23/2024 14 : 55 PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	Use Only
COMMITTEE (in full)	is changed)	over the lines.		
Maggie for Congres	5 <b>S</b> 			
ADDRESS (number and street)	131 Daniel Webster Hwy			
(Check if address is changed)	<b>#949</b>			
	Nashua │		NH 03060 STATE ▲	
COMMITTEE'S E-MAIL ADDRES	SS			
<ul> <li>(Check if address is changed)</li> </ul>	Goodlander@capcompliance	e.com		
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE ADD	PRESS (URL)			
<ul><li>(Check if address is changed)</li></ul>				
2. DATE 07 / 23	D / Y Y Y Y 2024			
3. FEC IDENTIFICATION NU	MBER ► C con	0878454		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined thi	s Statement and to the best of	of my knowledge and belief it i	s true, correct and co	nplete.
Type or Print Name of Treasurer	Callahan, Jim, , ,			
Signature of Treasurer Callah	an, Jim, , ,		Date 07	23 / Y Y Y Y 2024
NOTE: Submission of false, erroned		nay subject the person signing th ION SHOULD BE REPORTED V		alties of 52 U.S.C. §30109

Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: (a) X This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Goodlander, Maggie, , , Candidate State NH Candidate Office DEM House Senate President Party Affiliation Sought: District 02 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.
 (j) Committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser

1.														J	С				
2.	L													J	С				

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۷	Vrite or Type Committee Name	
	Maggie for Congress	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor

Service First Womer	's Victory Fund				
Mailing Address	253 Blackthorn Dr				
	Nicholasville			KY 4035	56
		CITY <b>▲</b>		STATE A	ZIP CODE
Relationship: Connected	Organization Affilia	ted Organization	X Joint Fundraisin	ng Representative	Leadership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Nissen, Me	issa, , ,	
Full Name		
Mailing Address	600 Pennsylvania Ave SE	
	Unit 15180	
	Washington         DC         20003	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Assistant Treasurer	Telephone number     202     -     544     -     6960	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Callahan, Jim, , ,									
of Treasurer										
Mailing Address	600 Pennsylvania Ave SE									
	Unit 15180									
	Washington     DC     20003       -     -     -									
	CITY A STATE A ZIP CODE A									
Title or Position	Title or Position ▼									
Treasurer	Image: Telephone number     202     544     -     6960									

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Full Name of Designated Agent	Nissen, Melissa, , ,
Mailing Address	600 Pennsylvania Ave SE
	Unit 15180
	Washington         DC         20003           Image: I
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	rer Telephone number 202 _ 544 _ 6960

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.

An	nalgamated Bank			
Mailing Address	1825 K St NW			
	Washington		DC 20003	
		CITY ▲	STATE	ZIP CODE ▲
Name of Bank, Depos	sitory, etc.			
Mailing Address				
		CITY A	STATE A	ZIP CODE ▲