FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Serve America Victory Fund PO Box 2013 ADDRESS (number and street) (Check if address is changed) Salem 01970 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Darryl@CommonCentsConsulting.net is changed) Optional Second E-Mail Address Tara@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00805556 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Tattrie, Darryl,, Date 07 2024 Signature of Treasurer Tattrie, Darryl, , , 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| FE | EC Form 1 (Revised 03/2022) | Page 2 |
|----|---|--------------------|
| 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 committee information below.) | candidate |
| | Name of Candidate | |
| | Candidate Party Affiliation Office Sought: House Senate President | State 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 (National, State or subordinate) committee of the Republican, et | c.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6. | organization is a: |
| | Corporation Corporation w/o Capital Stock Labor Orga | anization |
| | Membership Organization Trade Association Cooperativ | е |
| | 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 f committee. (i.e., nonconnected committee) | und 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: | |
| | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate. | nore political |
| | Committees Participating in Joint Fundraiser | |
| | 1. MOULTON FOR CONGRESS C C00547240 | |
| | JOE NEGUSE FOR CONGRESS C C00648253 | |

| | FEC Form 1 (Revised (| 02/2009) | Page 3 |
|----|---|---|-----------------------|
| V | Irite or Type Committee Name | | |
| | Serve America \ | /ictory Fund | |
| 6. | Name of Any Connected O | organization, Affiliated Committee, Joint Fundraising Representative, or Lead | lership PAC Sponsor |
| | NONE | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization Joint Fundraising Representative | Leadership PAC Sponso |
| 7. | Custodian of Records: Identi books and records. | tify by name, address (phone number optional) and position of the person in posso | ession of committee |
| | , Tattrie, Da | ırryl, , , | |
| | Full Name | | |
| | Mailing Address | PO Box 2013 | |
| | | | |
| | | Salem MA 0197 | ⁷⁰ |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 295 - 7598 |
| 3. | Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | name and address of |
| | Full Name Tattrie, Da of Treasurer | .rryl, , , | |
| | Mailing Address | PO Box 2013 | |
| | | | |
| | | Salem MA 0197 | 70 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 295 - 7598 |

| FEC Form 1 | (Revised 02/2009) | Page 4 |
|-------------------------------------|--|--------------------------------|
| Full Name of Designated | Gilligan, Tara, , , | |
| Agent | | |
| Mailing Address | PO Box 2013 | |
| | | |
| | Salem MA | 01970 |
| Title or Position | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | | |
| Assistant Treasu | er Telephone number | |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the committee depositives or maintains funds. | s funds, holds accounts, rents |
| Name of Bank, D | epository, etc. | |
| | Amalgamated Bank | |
| Mailing Address | 275 7th Ave | |
| | | |
| | New York NY | 10001 |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |

| Page | of 11 | |
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| (g) or (h). Joint Fundraisin | g Participant: | | |
|--|--|----------------------------|-----------------------------|
| MIKIE SHERRILL FOR (| CONGRESS | FEC ID number | C C00640003 |
| 2. LAUREN UNDERWO | OOD FOR CONGRESS | FEC ID number | C C00652719 |
| CHRIS DELUZIO FOR | CONGRESS | FEC ID number | C C00787648 |
| 4. DON DAVIS FOR NC | | FEC ID number | C C00795211 |
| . Name of Any Connected | Organization, Affiliated Committee, Joint Fun | draising Representative | , or Leadership PAC Sponsor |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connected | d Organization Affiliated Committee Jo | int Fundraising Representa | tive Leadership PAC Sponsor |
| . Designated Agent: Identify | by name, address (phone number - optional) | | |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | _ CITY ▲ | | 710 0005 |
| TITLE OR POSITION | ▼ | STATE ▲ | ZIP CODE ▲ |
| TITLE OR POSITION | • | STATE Telephone Number | ZIP CODE A |
| Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which | Telephone Number | |
| Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which | Telephone Number | |
| Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which intains funds. | Telephone Number | |
| Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which intains funds. | Telephone Number | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

| 5(g) | or(h). Joint Fundraisi n | g Participant: | | | |
|------|---|-----------------------------|--------------------------------|--------------------------|---|
| | PAT RYAN FOR CONG | RESS | | FEC ID number | C C00815290 |
| | 2. SCHOLTEN FOR CO | ONGRESS | | FEC ID number | C C00711317 |
| | WILL ROLLINS FOR (| CONGRESS | | FEC ID number | C C00792507 |
| | 4. DEREK TRAN FOR C | ONGRESS | | FEC ID number | C C00851790 |
| 6. | Name of Any Connected | Organization, Affiliated Co | ommittee, Joint Fund | raising Representative | e, or Leadership PAC Sponsor |
| | | | | | |
| | | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | Relationship: | C | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated | d Committee Join | t Fundraising Representa | ative Leadership PAC Sponsor |
| | | | | | |
| 8. | Designated Agent: Identify | y by name, address (phone | number - optional) | | |
| 8. | Pull Name | y by name, address (phone | number - optional) | | |
| 8. | | y by name, address (phone | number – optional) | | |
| 8. | Full Name | y by name, address (phone | number – optional) | | |
| 8. | Full Name | y by name, address (phone | number – optional) | | |
| 8. | Full Name | | number – optional) | STATE A | ZIP CODE A |
| 8. | Full Name | | ΓΥ Δ | STATE A | ZIP CODE A |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail | CIT | ΓΥ Δ | elephone Number | ZIP CODE S funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito | CIT | TY A To depositories in which | elephone Number | s funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, | CIT | TY A To depositories in which | Telephone Number | s funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc. | CIT | To depositories in which | Telephone Number | s funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc. | CIT | To depositories in which | Telephone Number | s funds, holds accounts, rents |

| Page | of 11 | |
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| h). Joint Fundraisi ANDREI FOR ARIZON | JA | | C C00837062 |
|---|---|--|---------------------------|
| 1 | | FEC ID number | |
| 2. MAGAZINER FOR | | FEC ID number | C C00802504 |
| 3. GALLEGO FOR ARIZ | ZONA | FEC ID number | C C00558627 |
| 4. BACCAM FOR IOWA | , | FEC ID number | C C00856021 |
| ame of Any Connected | d Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | 1 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecte | ed Organization Affiliated Committee J | oint Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | ative Leadership PAC S |
| esignated Agent: Identi | | | ative Leadership PAC S |
| esignated Agent: Identi | | | ative Leadership PAC S |
| esignated Agent: Identi | | | Ative Leadership PAC S |
| esignated Agent: Identi | | | ative Leadership PAC S |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | Leadership PAC S |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white the content of the content | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white the content of the content | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white anintains funds. | STATE A Telephone Number ich the committee deposit | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| 5(g) | or(h). Joint Fundraisi n | ng Participant: | | | | |
|------|---|-------------------------------|-------------------------------------|-------------|-------------------|--|
| | GEORGE WHITESIDES | S FOR CONGRESS | | FE | EC ID number | C C00834028 |
| | 2. ANDY KIM FOR NEV | W JERSEY | | FE | EC ID number | C C00648220 |
| | 3. SERVE AMERICA PA | C | | FE | EC ID number | C C00571174 |
| | 4. COLIN ALLRED FOR | CONGRESS | | FE | EC ID number | C C00637868 |
| 6. | Name of Any Connected | Organization, Affiliate | d Committee, Joint | Fundraisinç | g Representative | e, or Leadership PAC Sponsor |
| | | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | Relationship: | | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affil | iated Committee | Joint Fund | raising Represent | ative Leadership PAC Sponsor |
| | | | | | | |
| 8. | Designated Agent: Identify | y by name, address (ph | none number – optior | nal) | | |
| 8. | Pull Name | y by name, address (ph | none number – optior | nal) | | |
| 8. | | y by name, address (ph | none number — option | nal) | | |
| 8. | Full Name | y by name, address (ph | none number — option | nal) | | |
| 8. | Full Name | y by name, address (ph | none number — option | nal) | | |
| 8. | Full Name | | none number – option | nal) | STATE A | ZIP CODE A |
| 8. | Full Name | | | | STATE A | ZIP CODE A |
| 9. | Full Name Mailing Address TITLE OR POSITION | ▼ iries: List all banks or o | CITY A | Telepho | ne Number | ZIP CODE ZIP CODE s funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito | ▼ iries: List all banks or o | CITY A other depositories in | Telepho | ne Number | es funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, | ▼ iries: List all banks or o | CITY A other depositories in | Telepho | ne Number | es funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc. | ▼ iries: List all banks or o | CITY A other depositories in | Telepho | ne Number | es funds, holds accounts, rents |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc. | ▼ iries: List all banks or o | CITY A other depositories in | Telepho | ne Number | es funds, holds accounts, rents |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| 5(g) or | (h). Joint Fundraisi | ng Participant: | | | | |
|-----------------------|---|-----------------------|-------------------------|------------------|--------------|--------------------------------|
| | JASON CROW FOR C | ONGRESS | | FEC II | number | C C00637363 |
| | 2. COMMITTEE TO EL | LECT JARED GOLDEN | | FEC II | number | C C00653816 |
| | FRIENDS OF JAHAN | A HAYES | | FEC II | number | C C00677898 |
| | 4. CHRISSY HOULAHAI | N FOR CONGRESS | | FEC II |) number | C C00637371 |
| 6. N | Name of Any Connected | Organization, Affilia | ted Committee, Joint Fi | undraising Rep | oresentative | e, or Leadership PAC Sponsor |
| | | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | Relationship: | | CITY A | | STATE A | ZIP CODE ▲ |
| | | ed Organization A | | Joint Fundraisin | | |
| | | | | | | |
| 8. D | Designated Agent: Identif | y by name, address (| phone number – optiona | n | | |
| 3. C | | fy by name, address (| phone number – optiona | i) | | |
| 8. C | Full Name | fy by name, address (| (phone number – optiona | l) | | |
| 8. C | Full Name | fy by name, address (| | | | |
| 8. C | Full Name | | (phone number – optiona | | STATE A | ZIP CODE A |
| 3. С | Full Name | | | | | ZIP CODE A |
| — 9. B s | Full Name Mailing Address TITLE OR POSITION | l ▼ | CITY A | Telephone N | umber | s funds, holds accounts, rents |
| — 9. B s | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors of the deposit boxes or mainly and the deposit boxes | l ▼ | CITY A | Telephone N | umber | s funds, holds accounts, rents |
| — 9. B s | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc. | l ▼ | CITY A | Telephone N | umber | s funds, holds accounts, rents |
| — 9. B s | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc. | l ▼ | CITY A | Telephone N | umber | s funds, holds accounts, rents |

| Page | of 11 |
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| SUSIE LEE FOR CON | CDESS | | C000555040 |
|---|--|---------------------------------|------------------------------|
| 1. | | FEC ID numbe | |
| 2. MISSY FOR CONG | | FEC ID numbe | |
| 3. VINDMAN FOR CON | | FEC ID numbe | |
| 4. HERB CONAWAY FO | PR CONGRESS | FEC ID numbe | r C C00859496 |
| ame of Any Connected | Organization, Affiliated Committee, Joint | Fundraising Representat | tive, or Leadership PAC Spon |
| | - | | |
| | | | |
| Mailing Address | | | |
| | | | |
| Deletionship | 0774 | | |
| Relationship: | CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | d Organization Affiliated Committee y by name, address (phone number – option | Joint Fundraising Represe | entative Leadership PAC Sp |
| | | | Leavership FAC 3 |
| esignated Agent: Identif | | | Leavership FAC 3 |
| esignated Agent: Identif | | | Leavership FAC 3 |
| esignated Agent: Identif | | | Leavership FAC 3, |
| esignated Agent: Identif | y by name, address (phone number – optio | | |
| esignated Agent: Identif | y by name, address (phone number – optio | nal) | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc | y by name, address (phone number – option of the control of the co | snal) STATE Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – option of the control of the co | snal) STATE Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc | y by name, address (phone number – option of the control of the co | snal) STATE Telephone Number | ZIP CODE A |

| of 11 | |
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| OI . | |
| | of ¹¹ |

| h). Joint Fundraisi | ng Participant: | | |
|--|--|---|----------------------------|
| COMMITTEE TO ELE | CT SHOMARI FIGURES FOR CONGRESS | FEC ID number | C C00856237 |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| ame of Any Connected | d Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecto | ed Organization Affiliated Committee Joint of the Affiliated Committee Joi | oint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| Connecte esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | ify by name, address (phone number – optional) | | |
| esignated Agent: Identi | ify by name, address (phone number – optional) | | ative Leadership PAC Sp |
| esignated Agent: Identification of the second of the secon | ify by name, address (phone number – optional) | | |
| esignated Agent: Identification of the second of the secon | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in white naintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification of the composite of the c | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in white naintains funds. | STATE A Telephone Number ch the committee deposit | ZIP CODE A |