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11/15/2023 12 : 11

STATEMENT OF ORGANIZATION

FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Shontel Brown for				
ADDRESS (number and street)	545 E Town St			
(Check if address is changed)				
	Columbus │ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		OH 43215 STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	info@shontelbrown.com			
	Optional Second E-Mail Add contact@electionlawgroup.com	ress	1 1 1 1 1 1 1	
COMMITTEE'S WEB PAGE AL	DDRESS (URL)			
	15 / Y Y Y Y 2023			
3. FEC IDENTIFICATION N	IUMBER ► C CO	0764381		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasur	er Davies, Marvin, J., , III			
Signature of Treasurer Dav	vies, Marvin, J., , III		Date	15 / Y Y Y Y 2023
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMAT	nay subject the person signing ION SHOULD BE REPORTED		nalties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Brown, Shontel, M,, Candidate State OH Candidate Office DEM House Senate President Party Affiliation Sought: District 11 (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).

(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.
2.

	FEC Form 1 (Revised		Page 3
V	Vrite or Type Committee Nam	e	
	Shontel Brown f	for Congress	
	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
	Democratic Future L	_eadership Fund	
	Mailing Address	PO Box 15845	
		Washington DC 20003	
		CITY A STATE A	ZIP CODE

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

LLC, McTię	ue & Colombo, , ,
Full Name	
Mailing Address	545 E Town St
	Columbus OH 43215
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Compliance Firm	Telephone number 614 263 7000

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 of Treasurer	Davies, Marvin, J., , III	<u> </u>	
Mailing Address	PO Box 221232		
	Beachwood	OH 44122	
	CITY ▲	STATE A	ZIP CODE
Title or Position	•		
Treasurer		Telephone number	410 - 4883

FEC Form 1 (Revised 02	2/20	009	9)																							Pag	e Z	1	
Full Name of Designated Agent			1				1	1	I	1		1	1	1				1		1	1		1				1		1
Mailing Address																													
							CI	ΤY										:	ST/	ΑΤΕ				Z	IP (ЭE		
Title or Position ▼																													
													-	Tele	eph	one	e n	umt	ber				- [

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.

	Bank								
Mailing Address	27359 Chagrin Boulevard								
	Woodmere	OH 44122							
	CITY 🔺	STATE A	ZIP CODE ▲						
Name of Bank, Depository, etc.									
Fifth	Third Bank								
Mailing Address	21 E State St								
	Columbus	OH 43215							
	CITY 🔺	STATE ▲	ZIP CODE ▲						

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Form/Schedule: F1A Transaction ID :

The Custodian of Records is the business entity McTigue & Colombo, LLC

Form/Schedule: Transaction ID: