**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. James Foreman Committee 5 St Marks Place Apt 12 ADDRESS (number and street) (Check if address is changed) New York 10003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Jforeman3@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00883009 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 Muttamara, Jade, , Date 07 10 2024 Signature of Treasurer Muttamara, Jade, , , 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

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TYPE OF COMMITTEE:			
Candidate Committee:			
(a) X 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. (Complet information below.)	te the candidate		
Name of Candidate Foreman, James, , ,			
Candidate Party Affiliation IND Office Sought: House Senate X President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District		
Name of Candidate			
Party Committee:			
(National, State (Democ	cratic, can, etc.) Party		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:		
Corporation Corporation w/o Capital Stock Laboration	or Organization		
Membership Organization Trade Association Coo	perative		
In addition, this committee is a Lobbyist/Registrant PAC.			
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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 (Hybri	d 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.		
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. C			

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V	/rite or Type Committee Name		
	James Foreman	Committee	
3.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative L	eadership PAC Sponso.
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	on of committee
	Muttamara,	Jade, , ,	1
	Mailing Address	5 St Marks Place Apt 12	
	C		
		New York , NY , 10003	
		New York NY 10003	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Senior Advisor	Telephone number 917 - 5	520   1682
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natissistant treasurer).	me and address of
	Full Name Muttamara, of Treasurer	Jade, , ,	1
	Mailing Address	5 St Marks Place Apt 12	
		New York NY 10003	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
			520   1682

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Full Name of Designated					
Agent					
Mailing Address					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
		e number			
Banks or Other safety deposit be	<b>Depositories:</b> List all banks or other depositories in which the corexes or maintains funds.	mmittee deposits funds,	holds accounts, rents		
Name of Bank, I	Depository, etc.				
	JP Morgan Chase				
Mailing Address	270 Park Avenue				
	New York	NY 10	017		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		