

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Green the Senate 2020 Victory Fund

ADDRESS (number and street) 600 Pennsylvania Ave SE
 (Check if address is changed) #15845
Washington DC 20003
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jcarr@mbacg.com

Optional Second E-Mail Address
jfa@mbacg.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 09 / 19 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00758854

4. 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 Mele, Steven, , ,

Signature of Treasurer Mele, Steven, , , [Electronically Filed] Date 09 / 19 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 candidate information below.)

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 (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.
- (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	BOLLIER FOR KANSAS	FEC ID number	C	C00723122
2.	MONTANANS FOR BULLOCK	FEC ID number	C	C00741611
3.	CAL FOR NC	FEC ID number	C	C00709410
4.	THERESA GREENFIELD FOR IOWA	FEC ID number	C	C00708164

Write or Type Committee Name

Green the Senate 2020 Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name Mele, Steven, , ,

Mailing Address 600 Pennsylvania Ave SE

#15845

Washington DC 20003

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 202 - 552 - 0221

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 Mele, Steven, , ,

Mailing Address 600 Pennsylvania Ave SE

#15845

Washington DC 20003

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 202 - 552 - 0221

Full Name of Designated Agent

Snyder, Lili, , ,

Mailing Address

600 Pennsylvania Ave SE

#15845

Washington

DC

20003

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

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.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. JAIME HARRISON FOR US SENATE
- 2. JON OSSOFF FOR SENATE
- 3. WARNOCK FOR GEORGIA
- 4. KANSAS DEMOCRATIC PARTY

FEC ID number	C	C00696153
FEC ID number	C	C00718866
FEC ID number	C	C00736876
FEC ID number	C	C00019380

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty text input fields for organization name.

Mailing Address

Empty text input fields for mailing address, including city, state, and zip code.

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Empty text input field for full name.

Mailing Address

Empty text input fields for mailing address, including city, state, and zip code.

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Empty text input fields for title/position and telephone number.

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.

Empty text input field for bank name.

Mailing Address

Empty text input fields for mailing address, including city, state, and zip code.

CITY ▲

STATE ▲

ZIP CODE ▲

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

5(g) or (h).

Joint Fundraising Participant:

- 1. MONTANA DEMOCRATIC PARTY
- 2. NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL
- 3. DEMOCRATIC PARTY OF SOUTH CAROLINA
- 4. IOWA DEMOCRATIC PARTY

FEC ID number	C	C00010033
FEC ID number	C	C00165688
FEC ID number	C	C00007658
FEC ID number	C	C00035600

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty text field for organization name]

Mailing Address

[Empty text field for mailing address]

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

[Empty text field for full name]

Mailing Address

[Empty text field for mailing address]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[Empty text field for title or position]

Telephone Number

[Empty text field for telephone number]

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.

[Empty text field for bank name]

Mailing Address

[Empty text field for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

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

5(g) or (h). **Joint Fundraising Participant:**

- 1. GEORGIA FEDERAL ELECTIONS COMMITTEE
- 2.
- 3.
- 4.

- FEC ID number C C00041269
- FEC ID number C
- FEC ID number C
- FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____-_____-_____

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. _____
Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲