STATEMENT OF

PAGE 1 / 7 =

FEC FORM 1		_	RGANIZ	_					Office I	Jse Only		
1. NAME OF COMMITTEE (ir	, full\		Check if name		ple:If typing, he lines.	type	12FI	Ξ4M5				
Committee			ed Golde		ne iines.							1
ADDDECC (sussels as a		PO Box	7108									
ADDRESS (number a	address											
is changed	d)	Lewiston					ME		04240		 -	
		CI	TY▲				STATE	A		ZIP	CODE	A
COMMITTEE'S E-MA	AIL ADDRI	ESS										
(Check if a is changed		mbren	garth@mbacg	g.com								
		Optional golder	Second E-Mail / @mbacg.co	Address om								
COMMITTEE'S WEB	PAGE AD	DRESS (UI	RL)									
(Check if a is changed		https://jai	edgoldenforcongr	ress.com/								
Ū	,											
2. DATE 1:		8 / Y	2022									
3. FEC IDENTIFIC	CATION N	UMBER •	C	C00653816								
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDE	D (A)						
certify that I have e	examined	this Stateme	nt and to the be	est of my kn	owledge and	belief it i	is true,	correct a	and cor	nplete.		
Type or Print Name	of Treasure	er Carpente	er, Michael, , ,									
Signature of Treasure	er <i>Carp</i>	oenter, Michae	<u>,</u> ,,	[1	Electronically F	Filed]	Date	M = M 11	/ D	18	202	
NOTE: Submission of	false, error		omplete information	-						alties of	52 U.S.0	C. §30109.
Office Use				F	or further info ederal Election oll Free 800-42	Commissio					ORM 1	

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
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 information below.)	e the candidate
Name of Candidate Golden, Jared, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State ME District 02
(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 Republic	ratic, can, etc.) 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.)	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (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 (Hybrid	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.	vo or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1. C	

Treasurer

	FEC Form 1 (Revise	ed 02/2009)	Page 3
	Vrite or Type Committee Na		r aye y
		o Elect Jared Golden	
6.		ed Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
	Serve America Vi	ctory Fund	
	Mailing Address	PO Box 2013	
		Salem	01970
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connec	cted Organization Affiliated Organization 🗶 Joint Fundraising Represen	tative Leadership PAC Sponso
7.	Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the perso	on in possession of committee
	Lee, La	auren, Decot, ,	
	Full Name		
	Mailing Address	PO Box 7108	
		Lewiston	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of
	Full Name Carper of Treasurer	nter, Michael, , ,	
	Mailing Address	PO Box 7108	
		Lewiston	04240
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Lee, Lauren, Decot, ,		
Mailing Address	PO Box 7108		
	Lewiston	ME	04240
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu		e number	
	Depositories: List all banks or other depositories in which the com xes or maintains funds.	nmittee deposits fu	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	」 □ DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Maine Family Federal Credit Union		
Mailing Address	555 Sabattus Street		
	Lewiston	ME	04240
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
	Jared Golden Vict	tory Fund		
	Mailing Address	611 Pennsylvania Ave SE		
	J	Suite 143		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
	Decignated Agents Identifi	, by name address (abone number, entional)		
8.		by name, address (phone number – optional)		
8.	Full Name	/ by name, address (phone number – optional)		
8.		/ by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name		STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	
- 9.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE A
- 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail of Bank,	CITY CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main main main main main main main	CITY CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main main main main main main main	CITY CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Stand Up for Dem	Organization, Affiliated Committee, Joint Fundocracy JFA	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 5418		
	Takoma Park	MD	20913
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailane of Bank,	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail Jame of Bank, Depository, etc.	CITY A	Telephone Number	

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi r	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected House Victory Pro	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Li L			
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	, DC	20003
Dalatianahin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		at Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A