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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Eastern Shore Political Action Committee for Social and Economic Justice 311 August St ADDRESS (number and street) (Check if address is changed) Easton 21601 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mergirard@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00633677 FEC IDENTIFICATION NUMBER 3. 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. Drostin, Michele, , , Type or Print Name of Treasurer Drostin, Michele, , , [Electronically Filed] 02 2017 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		OMMITTEE	Page <b>2</b>
		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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	nmittee:	Domoovatio
(d)		· · · ·	Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Fund	raising Representative:	
(g)		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.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee I	Name	
Eastern Shore	e Political Action Committee for Social a	and Economic Justice
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of t	he person in possession of committee
	on, Lauren, , ,	
Full Name	51 Londonderry Dr	
Mailing Address		
	Easton	21601
Title or Position	CITY STATE	ZIP CODE
	Telephone number	410 - 708 - 4293
5. <b>Treasurer:</b> List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	ittee; and the name and address of
Full Name Drost of Treasurer	tin, Michele, , ,	
Mailing Address	PO Box 1557	
	Easton	21601
Title or Position	CITY STATE	ZIP CODE
luc or rosidon	Telephone number	

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Full Name of Designated Agent	Girard, Meredith, , ,	
Mailing Address	311 August St	
	Easton MD 21601  CITY STATE ZII	P CODE
Title or Position Chair		3 4446
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds. Depository, etc.    Provident Bank	accounts, rents
		The state of the s
Mailing Address	8133 Elliott Rd. #100	
Mailing Address	8133 Elliott Rd. #100	
Mailing Address	8133 Elliott Rd. #100  Easton MD 21601	
Mailing Address	Easton MD 21601	
Mailing Address  Name of Bank, D	Easton MD 21601  CITY STATE ZI	P CODE
	Easton MD 21601  CITY STATE ZI	P CODE
	Easton MD 21601  CITY STATE ZI	P CODE
Name of Bank, D	Easton MD 21601  CITY STATE ZI	P CODE
Name of Bank, D	Easton MD 21601  CITY STATE ZI	P CODE

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1N Transaction ID:

Michele Drostin is the Treasurer Meredith Girard is the Chair and Resident Agent

Form/Schedule: Transaction ID: