FEC FORM 1 STATEMENT OF ORGANIZATION otto Use Only 1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12 FEAM5 Cleveland for Congress Committee	Image# 202401109600012951				PAGE 1 / 4
1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12 FE4M5 Cleveland for Congress Committee	_				
COMMITTEE (in full) is changed) over the lines. Cleveland for Congress Committee ADDRESS (number and street) 46 Eagle River St (Check if address) Suite 100 Eagle ID (Check if address) Suite 100 (Check if address) Suite 100 (Check if address) Imrbiggers@protomail.com (Check if address) Imrbiggers@protomail				0	Office Use Only
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ADDRESS (number and street) (Check if address is changed) Suite 100 Eagle CITY ▲ CITY ▲ STATE					
CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bigsort52@msn.com Optional Second E-Mail Address bigsort52@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address bigsort52@msn.com) (Check if address bigsort52@msn.com) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address bigsort52@msn.com) 2. DATE 01 / 00 / 2024	ADDRESS (number and street)	46 Eagle River St			
Lagle ID 83816 CITY ▲ STATE ▲ ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mrbiggers@protonmail.com ID Imbiggers@protonmail.com Optional Second E-Mail Address Digscott52@msn.com Optional Second E-Mail Address Digscott52@msn.com ID ID COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address ID ID Image: Image of the image o		Suite 100			
COMMITTEE'S E-MAIL ADDRESS	is changed)	Eagle		ID 83	3616
 (Check if address is changed) Optional Second E-Mail Address bigscott52@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) (Check if address is changed) (DATE 01 / 00 / 2024 FEC IDENTIFICATION NUMBER ► C C00865311 		CITY ▲		STATE A	ZIP CODE ▲
 (Check if address is changed) Optional Second E-Mail Address bigscott52@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) (Check if address is changed) (DATE 01 / 00 / 2024 FEC IDENTIFICATION NUMBER ► C C00865311 	COMMITTEE'S E-MAIL ADDRE	SS			
Optional Second E-Mail Address bigscott52@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) (Check if address) DATE 01 0 2024 FEC IDENTIFICATION NUMBER ►	(Check if address		n		
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4. IS THIS STATEMENT × NEW (N) OR AMENDED (A)	4. IS THIS STATEMENT ×	NEW (N) OR	AMENDED (A)		
	ine or Drint Nome of Trecourse	.			
	ype or Find Name of Treasure	Karamales, Maureen, , ,			
	Signature of Treasurer Kara	males, Maureen, , ,		Date 01	/ D D / Y Y Y 10 2024
ype or Print Name of Treasurer Karamales, Maureen, , ,	NOTE: Submission of false, erron				e penalties of 52 U.S.C. §30
M M / D D / Y Y Y	Office				FEC FORM 1
Type or Print Name of Treasurer Karamales, Maureen, , , Signature of Treasurer Karamales, Maureen, , , Date 01 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:	Use Only		Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	510(1	(Revised 06/2012)

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5.	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. (Complete the information below.)	candidate
	Name of Cleveland, Scott, , , Candidate	
	Candidate Office Sought X House Senate President	State ID
	Party Affiliation REP Sought: A House Senate President	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 (Democratic, Republican, e	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 Org	anization
	Membership Organization Trade Association Cooperativ	/e
	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 committee. (i.e., nonconnected committee)	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 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.

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Write or Type Committee Name	

Cleveland for Congress Committee

6.	Name of Any Connected O	rganization, Affilia	ed Committee, Joint	Fundraising Repre	esentative, or Leade	rship PAC Sponsor
	Mailing Address					
			CITY 🔺		STATE A	ZIP CODE
	Relationship: Connected	Organization A	filiated Organization	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.

Karamales	, Maureen, , ,			
Full Name				
Mailing Address	46 Eagle River St. Suite 100			
	Eagle		ID 83616	
	CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nur	mber 208 – [515 0479

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	Karamales, Maureen, , , <
Mailing Address	46 Eagle River St. Suite 100
	Eagle ID 83616 ID 10 10
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Image in the image i

FEC Form 1 (Revised 02	2/20	009	9)																							Pag	e Z	1	
Full Name of Designated Agent			1				1	1	1	1		1	1	1				1		1	1		1				1		1
Mailing Address																													
							CI	ΤY										:	ST/	ΑΤΕ				Z	ΡC		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.

	Hillcrest Bank			
Mailing Address	80 E Eagles Gate Drive			
	Eagle		ID 83616	
	CITY	A	STATE A	ZIP CODE
Name of Bank, D	pository, etc.			
Mailing Address				
	CITY	▲	STATE ▲	ZIP CODE ▲