Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Team Blue PAC 660 Pennsylvania Ave SE ADDRESS (number and street) Ste 202 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llee@mbacg.com (Check if address is changed) Optional Second E-Mail Address mhall@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00780411 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. Koob, Chris, , , Type or Print Name of Treasurer Koob, Chris,,, [Electronically Filed] 05 2021 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

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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	nmittees 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 N		<u> </u>
Team Blue P	AC	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Lee, L Full Name	auren, Decot, ,	
Mailing Address	611 Pennsylvania Ave SE	
Maining Address	Ste 143	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; ar g., assistant treasurer).	nd the name and address of
Full Name Koob, of Treasurer	Chris, , ,	
Mailing Address	611 Pennsylvania Ave SE	
	Ste 143	
		20003
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated	Lee, Lauren, Decot, ,	
Agent	l 611 Pennsylvania Ave SE	
Mailing Address	S	
	Ste 143	
	Washington DC 20003	
	CITY STATE	ZIP CODE
Title or Position Assistant Trea		
Name of Bank,	· · ·	
	Amalgamated Bank	
Mailing Addres	Amalgamated Bank	
	Amalgamated Bank  1825 K St NW	
	Amalgamated Bank	
	Amalgamated Bank  1825 K St NW	ZIP CODE
Mailing Address	Amalgamated Bank  1825 K St NW  Washington  DC 20006	
Mailing Address	Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Mailing Address	Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Mailing Address  Name of Bank,	Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Mailing Address  Name of Bank,	Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	