NOV4 - 04 - 40 - 0M - 004500M1

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2024 JAN 17 PH 1:08

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
Drganizin	a America	2624			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ADDRESS (number and street)	2633 r	ne Kinney	Ave		
(Check if address is changed)	Str. 130	BOX 185			
, is ununger,	DA//A5		TX		
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	Optional Second E-Mail Ad	\mathbf{O}	2024@yahoo.com		
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)	LI None				
2. DATE 07 2024					
3. FEC IDENTIFICATION NUMBER ▶ C0055.01.11					
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 June La Gay Lloyd					
Signature of Treasurer June 5. Hoyl Date 10.1. 09. 2024					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1		

C Form 1 (Revised 03/2022)						
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 June habay hloyd						
Candidate Party Affiliation Ind Office Sought: House Senate President District						
(c) 4 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 (Democratic, or subordinate) committee of the 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						
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.)						
(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:						
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						
2.						

CITY A

STATE A

ZIP CODE A

214-299-0420

Page 3

FEC Form 1 (Revised 03/2022)

Write or Type Committee Name

Title or Position ▼

Presidential Candidates

CITY A

STATE A

ZIP CODE ▲

Page 4

FEC Form 1 (Revised 03/2022)

Full Name of Designated

Agent

VOVA - OT - 180 - OM - ODSHOOMS!

Optional Supplemental Information

FEC	Form 1S (Revised 03/2	022) for Lines 5(i) or (j), 6, 8 and/or 9	Page of
5(i) or (j).	. Joint Fundralsin	y Participant:	
	1. LINIANE	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	
6. Na	ame of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
l	Nane		
Į			
	Mailing Address		
			<u> </u>
	Relationship:	CITY ▲ STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
8. De	esignated Agent: Identify	by name, address (phone number - optional)	
	Full Name	None	
	Mailing Address		
		1	
	TITLE OR POSITION	CITY A STATE A	ZIP CODE ▲
	LILLILI	Telephone Number	
	inks or Other Depositor fety deposit boxes or ma	ies: List all banks or other depositories in which the committee deposits fur intains funds.	nds, holds accounts, rents
	ame of Bank, epository, etc.	More	
	Mailing Address		
_		CITY A STATE A	ZIP CODE A





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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
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Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Date of Receipt				
Received via FAX	Date of Receipt				
Received via Email	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
MOO	1/18/24				
(4/2023)	DATE PREPARED				