FEC FORM 1

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STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2023 APB 018 PM 1: 47

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1. NAME OF COMMITTEE (in full)	(Check if is change		ample:If typing, type er the lines.	12FE4M5		
Joseph Maldonado to Free	e America _{I I I}					
ADDRESS (number and street)	PO Box 1073					
☐						
	Granger CiTY ▲	·, ,	1	IN 46	5530	
COMMITTEE'S E-MAIL ADDRE	SS					
(Check if address is changed)	JoeExotic2024	@gmail.com լ				
Shies 1	JoeExoticTV@	gmailicom i ji	(170) 7.554.04 (17) 7. (1900 809 651 7.550 1-447.65 830.00 (17) 1-447.65 (17)		एर अध्यक्ष एक इक्टर इस्टि, इन्हिट्ड	
ANY CHANGE IN INFORMATION OFFICED OF REPONITO WITHIN 10 DAS. COMMITTEE, MEB LAGE WIDDLESS (INFO AND						
(Check if address	JoeExotic2024	com			3 - 12 12 12 12 12 12 12 12	
We constitute of Deacues Theorems Theor						
2. DATE 04 10 2023						
3. FEC IDENTIFICATION NUMBER ► C 00833020						
4. IS THIS STATEMENT	NEW (N)	OR V	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						
Signature of Treasurer?	maraz	prices		Date 04	10, 2023	
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	(1959) 1 Gec 91 (1955) <u>(1957)</u> (हुत। १५५ वटा १५५ इस १५५ वटा १५५	For further Information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 03/2022)	
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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 candidatinformation below.)					
Name of Candidate Joseph Maldonado					
Candidate Party Affiliation DEM Office Sought: House Sena	ate President State District				
(c) This committee supports/opposes only one candidate, and is NOT an aut					
Name of Candidate					
Party Committee: (d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization)	zation on line 6.) Its connected organization is a				
Corporation Corporation w/o Capital S	tock Labor Organization				
Membership Organization Trade Association	Cooperative				
	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.	io NOT a consente commented to ad an ac-				
(f) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	is included segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponse	or on line 6.)				
(g) This committee is an independent expenditure-only political committee (Su	uper PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-cor	ntribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disb committees/organizations, at least one of which is an authorized committee	· · · · · · · · · · · · · · · · · · ·				
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.	C				
	C !!!!!!				

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_	Write or Type Committee Name						
6.	Name of Any Connected O	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	Mailing Address						
		CITY A STATE A ZIP	P CODE A				
	Relationship: Connected		dership PAC Spons				
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in possession of	of committee				
	Full Name Tamara	Springer	 				
	Mailing Address	55327 Cedar Lane					
		Mishawaka III 46545 III					
	Title or Desiries	CITY ▲ STATE ▲ ZIP	CODE A				
	Title or Position ▼	Telephone number 574 – 318]-[5754				
8.	Treasurer: List the name and any designated agent (e.g., a	ad address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of				
	Full Name of Treasurer Tamara	Springer					
	Mailing Address	55327 Cedar Lane					
		Міshawaka	<u> </u>				
	THE 20 DOM:	CITY ▲ STATE ▲ ZIP	P CODE ▲				
	Title or Position ▼ Treasurer		<i>∐-15757</i> 4				

<u> </u>	FEC Form	1 (Revised 03/2022)	Page 4		
	Full Name of Designated Agent				
	Mailing Address				
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲		
		Telephone number			
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.			
		FIRST SOURCE BANK			
	Mailing Address	179 BQX 11694			
	•	SOUTH BEND IM 146			
		CITY ▲ STATE ▲	ZIP CODE A		
	Name of Bank,	Depository, etc.			
	Mailing Address				
		CITY ▲ STATE ▲	ZIP CODE ▲		

PO Box 1073 ... Granger, IN 46530 Joseph Maldonado

Federal Election Commission 1050 First Street, NE Washington, DC 20463

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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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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
PREPARER	4/18/23 DATE PREPARED			
(3/2015)	DATERNED			