FEC FORM 1		STATEMEN ORGANIZ		c	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Nigerian Dia	aspora	Political Affairs		<b>).</b>	
ADDRESS (number an		122 Fincher Farm Rd			
(Check if a is changed		Ste 100-230			
		/latthews │		NC 28 STATE ▲	105 
COMMITTEE'S E-MA	IL ADDRESS				
✗ ◀ (Check if a is changed)		admin@nidpac.org			
		ptional Second E-Mail Add			
COMMITTEE'S WEB	ddress	ESS (URL)			
2. DATE 09	M / D D 18	2020			
3. FEC IDENTIFIC	ation numi	BER ► C co	00759662		
4. IS THIS STATEM	ENT	NEW (N) OR	X AMENDED (A)		
I certify that I have ex	xamined this s	Statement and to the best	of my knowledge and belief it i	s true, correct and	d complete.
Type or Print Name o	f Treasurer	GBINOGHENE, GEORGE, ,	,		
Signature of Treasure	r <i>IGBINOG</i>	HENE, GEORGE, , ,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 21 2022
NOTE: Submission of f			may subject the person signing th FION SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109.
Office Use Only			For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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<ul> <li>i. TYPE OF COMMITTEE:</li> <li>Candidate Committee: <ul> <li>(a)</li> <li>(b)</li> <li>This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)</li> </ul> </li> <li>Name of Candidate</li> </ul>
<ul> <li>(a) This committee is a principal campaign committee. (Complete the candidate information below.)</li> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)</li> <li>Name of Candidate</li> </ul>
<ul> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)</li> <li>Name of Candidate</li> </ul>
information below.) Name of Candidate
Candidate Office State Party Affiliation Sought: House Senate President
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of
Party Committee:       (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 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:

## (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

(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/organizations, at least one of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	L														С				
2.	L														С				

FEC Form 1 (	(Revised 02/2009)
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Write or Type Committee Name

## Nigerian Diaspora Political Affairs Committee L.L.C.

6.	Name of Any C NONE	onn	ecte	d C	Orga	aniz	ati	on,	Af	filia	ateo	d C	Con	nm	itte	е, .	Joi	int	Fu	ndı	ais	sing	g F	lep	res	sen	tat	ive	, <b>o</b>	r L	ea	der	shi	ip I	PAC	S S	por	iso	r	
	Mailing Address				L																																			
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	Relationship:	Co	onne	cted	l Or	gan	izat	ion	C	/	Affil	iate	ed (	Drg	aniz	zatio	on	l		Joi	nt I	Fur	ndra	isir	ng	Rep	ores	sen	tativ	ve			Le	ade	ersh	ip I	PAC	; Sp	ons	01

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

IGBINOGH	IENE, GEORGE, , ,		
Full Name			
Mailing Address	141 EASTVIEW DRIVE		
		LA 70128	
		STATE 🔺	ZIP CODE
Title or Position ▼			
		Telephone number	473 - 8921

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	IGBINOGHENE, GEORGE, , ,
of Treasurer	
Mailing Address	141 EASTVIEW DRIVE
	NEW ORLEANS     LA     70128       -     -     -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
	Image:

FEC Form 1 (Revised 02	2/2	200	<b>)</b> 9)	)																				Pag	je 4	4	
Full Name of Designated Agent																											
Mailing Address	L																										
	L																										
	L																										
							С	ITY	∕▲								ST/	λΤΕ				ZI	ΡC	COL	ЭЕ		
Title or Position ▼																											
												Tel	epł	none	e n	uml	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.

SUN	FRUST BANK		
Mailing Address	3126 Fincher Farm Road		
	Matthews	NC 28105	
		STATE 🔺	ZIP CODE
Name of Bank, Depository	<i>ı</i> , etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲