Only

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STATEMENT OF **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. Committee to Elect Tricia Flanagan 2489 Main Street ADDRESS (number and street) (Check if address is changed) Lawrenceville 08648 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michelle@teamtricia.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) TeamTricia.org (Check if address is changed) DATE 09 2022 C00784090 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. Flanagan, Tricia, , , Type or Print Name of Treasurer Flanagan, Tricia, , , [Electronically Filed] 01 20 2022 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

FEC Form 1 (Revised 02/2009)		Page 2
TYPE OF COMMITTEE		
Candidate Committee:		
(a) This committee is a principal campaign	committee. (Complete the candidate information below.)	
(b) This committee is an authorized commitinformation below.)	ttee, and is NOT a principal campaign committee. (Comple	ete the candidate
Name of Flanagan, Tricia, , , Candidate		
Candidate Office		State
Party Affiliation REP Sought:	* House Senate President	District 04
(c) This committee supports/opposes only of	one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committee is a		emocratic, epublican, etc.) Party.
Political Action Committee (PAC):		
(e) This committee is a separate segregate	ed fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation	Corporation w/o Capital Stock	_abor Organization
Membership Organization	Trade Association	Cooperative
In addition, this committe	e is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more committee. (i.e., nonconnected committee	than one Federal candidate, and is NOT a separate segree)	egated fund or party
In addition, this committee is a Lo	obbyist/Registrant PAC.	
In addition, this committee is a Le	eadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:		
	ys fundraising expenses and disburses net proceeds for two which is an authorized committee of a federal candidate.	or more political
	rs fundraising expenses and disburses net proceeds for two is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundrai	ser	
1.	FEC ID number	
2.	FEC ID number	
3. [FEC ID number	
4.	FEC ID number	

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FEC Form 1 (R Write or Type Committe		Page 3
	to Elect Tricia Flanagan	
	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Co	onnected Organization	Leadership PAC Sponsor
Relationship.	Annated Committee John Literature John Literature	Leadership i Ac Sportson
Custodian of Record	ds: Identify by name, address (phone number optional) and position of the person i	in possession of committee
books and records.		
Fla Full Name	anagan, Tricia, , ,	1
	2489 Main Street	
Mailing Address		
	Lawrenceville , NJ , 086	 648
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- -
	relephone number	
3. Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; and the tensor of the committee; and the tensor of the committee and the tensor of the tensor of the committee and the tensor of the t	ne name and address of
Full Name Fla	anagan, Tricia, , ,	
of Treasurer		
Mailing Address	2489 Main Street	
	Lawrenceville NJ 086	548
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
I		

FEC FOII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
Title or Position		[-]
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I		
safety deposit bo	PNC Bank	
safety deposit be Name of Bank, I	PNC Bank 4200 Quakerbridge Rd Princeton NJ 08540	
safety deposit be Name of Bank, I	PNC Bank 4200 Quakerbridge Rd Princeton NJ 08540	ZIP CODE
safety deposit be Name of Bank, I	PNC Bank 4200 Quakerbridge Rd Princeton NJ 08540	ZIP CODE
safety deposit be Name of Bank, I	PNC Bank 4200 Quakerbridge Rd Princeton NJ 08540 CITY STATE	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	PNC Bank 4200 Quakerbridge Rd Princeton NJ 08540 CITY STATE	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	PNC Bank 4200 Quakerbridge Rd Princeton NJ 08540 CITY STATE	ZIP CODE