Image# 202107269451996235				07720/2021 21 . 10
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
FRIENDS OF FF				
ADDRESS (number and street)	503 MANVILLE ROAD #1			
(Check if address				
is changed)	WOONSOCKET		RI 02	2895
			L L	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address		(I@HOTMAIL.COM		
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AI		COM		
	26 / Y Y Y Y 2021			
3. FEC IDENTIFICATION N		00683391		
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 i	t is true, correct an	d complete.
Type or Print Name of Treasur	er WYSOCKI, FREDERICK, , ,			
Signature of Treasurer	SOCKI, FREDERICK, , ,	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 26 2021
NOTE: Submission of false, error		may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5			OMMITTEE	
			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. (Compl information below.)	ete the candidate
-	Name Candio			
	Candio Party	date Affiliati	on REP Office Sought: K House Senate President	State RI District 01
((C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio			
I	Party	y Con	Imittee: (National, State (E	Domocratia
((d)			Democratic, epublican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
((e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
			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 seg committee. (i.e., nonconnected committee)	regated 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.)	
J	loint	Fund	raising Representative:	
(9	g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(ł	ר)		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.	or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number	
		3.	FEC ID number	
		4.		

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Write or Type Committee Name

FRIENDS OF FRED WYSOCKI

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE																						
Mailing A	Address																					
						CITY					STATE ZIP CODE											
Relation	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor																					
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.																						
	WYSOCK	(I, FRED	ERICK,	, , ,																		
Full Nan																						

Mailing Address	503 MANVILLE ROAD #1		
)2895
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	

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 of Treasurer	WYSOCKI, FREDERICK, , ,
Mailing Address	503 MANVILLE ROAD #1
	WOONSOCKET
	CITY STATE ZIP CODE
Title or Position	Image:

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																												_
Full Name of Designated Agent																												
Mailing Address																												
	CITY									STATE ZIP CODE																		
Title or Position																												
													Tele	eph	one	e ni	umt	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.

UNIBA	NK		
Mailing Address	10 CHENEY STREET		
		MA 01504 –	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	