FEC FORM 1

2025 07 - M1 - 05 - 00448260

STATEMENT OF **ORGANIZATION**

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. 31 P' 12: 06 Office Use Only

1. NAME OF COMMITTEE (in full)	(Check is char	if name nged)	Example: If typing, type over the lines.	12FE4M5 2073	JUL 31 TITLE
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ADDRESS (number and street)	4,2,2,3,	SPILITI	M RIDIAIDI I I		
☐ ◀ (Check if address is changed)					
	WAIKE E	KEILIDI		R	CODE ▲
COMMITTEE'S E-MAIL ADDRE	ss				
(Check if address is changed)	di joku	INISIOINI	<u>Orticionineki</u>	HOLOMIII	
	Optional Seco	nd E-Mail Add	ress		1
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COMMITTEE'S WEB PAGE AD	DRESS (URL)				
☐ ◀ (Check if address is changed)	لللللل				
		<u> </u>			ليبي
2. DATE 6.7 2	7 20-	23			
3. FEC IDENTIFICATION N	UMBER ▶	C			
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
I certify that I have examined t	his Statement ar	d to the best	of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasure	er <u>Spe</u>	NCER	DICKINSON		
Signature of Treasurer	Spin 1	Dixi		Date 0.7 2.7	2023
NOTE: Submission of false, error			may subject the person signin	this Statement to the penalties of WITHIN 10 DAYS.	f 52 U.S.C. §30109.
Office Use Only			For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		

FEC F	Form 1	1 (Revised 03/2022)	Page 2
5. TY	PE O	OF COMMITTEE:	,
Ca	andid	date 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 information below.)	the candidate
	Name Candid	الأسلم المسلم	
	Candid Party	idate Affiliation Office Sought: House Senate President	State R.I. District 0 1
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	. District
		ne of hadidate	1 1 1 1 1 1
Pa	arty (Committee:	
(d)	<u> </u>	This committee is a (National, State or subordinate) committee of the Republic	atic, an, etc.) Party
Р с (е)	. —	ral Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation W/o Capital Stock Labo	r Organization
			erative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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.)	
(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).
	السا	In addition, this committee is a Lobbyist/Registrant PAC.	
Jo	oint F	Fundraising Representative:	
(i)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mmittees Participating in Joint Fundraiser	
	1.	G	

	ite or Type Committee Name	TO ELECT SPENCER E	~	
). 	COMMITTER		<i>/</i> \	1- (
š. 				
ļ	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Repr	esentative,	or Leadership PAC Sponsor
		 		
	<u> </u>			
	Mailing Address		111	
			111	
		1		<u> </u>
		CITY ▲	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	g Represent	ative Leadership PAC Spons
	· •			
			/	
	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position	of the perso	n in possession of committee
	Full Name SPEN	CIEIR DIIICIKILINISIAN		
	Mailing Address	KRIZIBI BOLLITHI IRIOLADI	ш	
		MAKIEIFILIEILID	RI	028,79-
		CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼			
	TRIEIAISIUINERI	Telephone nu	mber 🖁	011-7911-5141
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee	e; and the name and address of
	Full Name of Treasurer SIPIEIN	GER DILICIKIUNISON		
	Mailing Address	422B SOUTH ROAD!		<u> </u>
		MAKIEIFILIEILID	R _I I	012/81719]-
		CITY A	STATE A	ZIP CODE ▲
	Title or Position ▼			

FEC Form 1 (Revised C	03/2022)	Page 4
Full Name of Designated Agent		
Mailing Address		
		ليستنسب
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼		
	Telephone number	
Name of Bank, Depository, of BiEiRith		
	PITITISFILEILIDI I MIA	0117012-113018
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.	
C 11/1	NZENS BANK	
Mailing Address	51 MAILINI SITI	
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	2022)	for Line	es 5(i) or (j), 6,	8 and/or 9)	_	Page of
j). Joint Fundraisin	ng Participant:						
1.	<u> </u>			FEC	ID number	C	
2.	<u> </u>			FEC	ID number		
3.			11111	FEC	ID number	C	
4. Any Connected	Organization, A	ffiliated Co	mmittee, Joint F	<u> </u>	ID number	C re, or Lead	lership PAC Spor
Name of Any Connected	Organization, A	ffiliated Co	mmittee, Joint F	<u> </u>		e, or Lead	ership PAC Spon
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(V//¾ Full Name	L	I	ı	ı	_1_	ı	1		1	L	L	1	ı	1	ı	ı	L	1	1	1	1	_1_	_1_	1	1		1	ı	l_	1	1_	ŀ	1	ı
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TITLE OR POSITION	•							C	ITY	^										S	TAT	E	A					ΖIP	CC	DDE	A			
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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.	4																															
Depository, etc.	ш	_		1	\perp	 	1	1	Щ.	1		1_	L	1		1	L	L	L	上	L	L	L		L	1	丄	1_	<u>L</u>		ш	
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PREPARER (4/2023)	7/31/23 DATE PREPARED