## 2024 - 04 - 29 - 08 - 00459840

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

FORIM 1					9 AP 9: 4 / Office Use Only		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5			
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	اكرال	CITY A		STATE A	ZIP CODE A		
COMMITTEE'S E-MA	IL ADDRESS						
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	Optio	nal Second E-Mail Ad	dress		ı		
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COMMITTEE'S WEB	PAGE ADDRESS		••				
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2. DATE	<u> </u>	2,0 2,4					
3. FEC IDENTIFIC	ATION NUMBER	► Co	0.2.8.7.7.4.8				
4. IS THIS STATEM	MENT N	EW (N) OR	AMENDED (A	.)			
I certify that I have e	xamined this State	ement and to the best	of my knowledge and beli	ef it is true, correct a	nd complete.		
Type or Print Name of	of Treasurer	VILLIAM J.	SIKES				
	11	11-			/ <u>  6 4 6 3                               </u>		
Signature of Treasure		10/ -5.		Date O 1	2029		
NOTE: Submission of		•	may subject the person sign	•	ne penalties of 52 U.S.C. §30109		
Office Use Only			For further information Federal Election Communication Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 03/2022)		

EC Form 1 (Revised 03/2022)	Page 2					
TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate informatio	on below.)					
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate	President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	mittee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
or subordinate) committee or the	nepublican, etc.) Farty					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line	e 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 seg	parate 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 acc	counts (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 procommittees/organizations, at least one of which is an authorized committee of a federal	•					
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candi	·					
Committees Participating in Joint Fundraiser						
1. [	C					
2.	c					

	FEC Form 1 (Revised C	03/2022)			Page 3			
_ v	Vrite or Type Committee Name			<del></del>				
 6.	Name of Any Connected O	me of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
	Mailing Address		1 1 1 1 1 1 1 1	1 1 1 1	1-1-1-1-1-1-1-1			
			1 1 1 1 1					
		CITY A	· · ·	STATE ▲	ZIP CODE ▲			
	Relationship: Connected	Organization Affiliated Organizat	ion Joint Fundraisin	g Representativ	re Leadership PAC Sponso			
	·		<i>a</i>	_				
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number	optional) and position (	of the person in	n possession of committee			
	Full Name				<del>                                      </del>			
	Mailing Address							
	Title or Position ▼	CITY A		STATE ▲	ZIP CODE ▲			
	1		Telephone nur	nber   ı	. 1-1 1-1			
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optiona assistant treasurer).	al) of the treasurer of the	committee; a	nd the name and address of			
	Full Name							
		LIJAM J SIJKES						
	Mailing Address	[2,3,3,0,8, S.T. A.N.	DIKIEM ZI DIKI		<u> </u>			
		COLUMBIA ST	AITIOIN	OH	<u> 4,40,28 -                                    </u>			
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲			
	TREASURER		Telephone nur	mber 21	6-251-7,9,84			

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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(4/2023)	DATE PREPARED			