FEC FORM 1

7.

STATEMENT OF ORGANIZATION

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	. <u>-</u>		Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Mess in	ns Chapel	One Wo	rld Crber
ADDRESS (number and street)	P.O. BO.	x 562	
☐ ◀ (Check if address is changed)	CUETGA	× &	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	messiahs	chapel F180	1 @ Gmail.com
is changed)	Optional Second E-Mail Addr	ess	
		<u> </u>	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	A	
2. DATE 0 4 1	0 2023		
3. FEC IDENTIFICATION N	UMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	nis Statement and to the best of	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	. Marty	Smil Ma.	Ay Sniker
Signature of Treasurer	Maty Sur	<u>L</u>	Date C4 10 2023
NOTE: Submission of false, error		nay subject the person signing th	is Statement to the penalties of 52 U.S.C. §30109. VITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FFL. FLIDIVI I

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5.	TYPE OF COMMITTEE:	
	Candidate 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 the confinement of the conf	andidate
	Name of MESSIAN Marty Errin Sniker	<u> </u>
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Marty Snile	
	Candidate Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
	Corporation O// Corporation w/o Capital Stock	nization ,
	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 full committee. (i.e., nonconnected committee)	and or party
	In addition, this committee is a Lobbyigh/Registran 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Committees Participating in Joint Fundraiser	
	1 [
	2.	,

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V	Irite or Type Committee Name				
6.	Name of Any Connected O	rganization, Affiliated Committee, Join	t Fundraising Representat	tive, or Leadership PAC Sponso	or
		<u></u>	A		
					Ш
	A district	, //	J		
	Mailing Address		<u>. </u>		
		CITY ▲	STATE	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	sentative Leadership PAC S	Sponso
7.		tify by name, address (phone number or	otional) and position of the pe	erson in possession of committee	
	books and records.	1. 6.01	1 - 0 - 1		
	Full Name	arty Errin S	NICE		
		P.O. Box 502			
	Mailing Address	Overgaara			
		Overgoard			
		over gon a		24 1655.9331-1-1	1
		CITY ▲	STATE	ZIP CODE ▲	
	Title or Position V MESSIA	h		0.00 11/2 01	7 3
			Telephone number	9,281-12,431-10,1	ر' '
_					
8.	any designated agent (e.g.,	d address (phone number optional) of assistant treasurer).	t the treasurer of the comm	ittee; and the name and address	of
	Full Name	1.			
	of Treasurer		A		1
	Mailing Address				
			<i>,</i>	<u> </u>	1
					1
		CITY ▲	STATE	ZIP CODE ▲	•
	Title or Position ▼	5.1.1 =	JIAIL		
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1111111111	Telephone number		
	<u> </u>				

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Full Name of Designated Agent		<u> </u>
Mailing Address		
		<u> </u>
-	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	•	•
	Telephone number	 -L
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
Mailing Address	Litter Alfricht fran der School ver	
		<u> </u>
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	<u> </u>	
Mailing Address	·	
	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CITY ▲ STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

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5(i) or ((j). Joint Fundraisi r	ng Participant:			
	1.		FEC I	D number D number D number D number	
6. I	Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising Re	presentative,	or Leadership PAC Sponsor
				1111	
	Mailing Address				
			<u>/ </u>		
	Relationship:	CITY ▲ d Organization	e Joint Fundraisir	STATE ▲ ng Representativ	ZIP CODE ▲ e Leadership PAC Sponsor
8. C	Designated Agent: Identif	y by name, address (phone number -	- optional)		
	Full Name		YYY		
	Mailing Address				
		CITY ▲		STATE A	ZIP CODE ▲
	TITLE OR POSITION	· ▼	Telephone f		<u></u>
	Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositor aintains funds.	ries in which the comm	nittee deposits f	unds, holds accounts, rents
	Name of Bank, Depository, etc.		HALA	11111	
	Mailing Address		Wy Jan		<u> </u>
ı		CITY ▲		STATE A	ZIP CODE A

Messiah Marty Snider
P.O. Box Soll
Cuergeard, Az. 85733

Federal Election Washington, RC. 20463 1050 First St. NE. 0S 79A ES0S

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Overnight Delivery Service (Specify):	pping Date
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Received from Senate Public Records Office	e of Receipt
Received from Electronic Filing Office	e of Receipt
Other (Specify):	r Postmarked
MODE DATE OF THE PART OF THE P	20/23
PREPARER DATE (3/2015)	TE PREPARED