12/28/2022 10 : 29

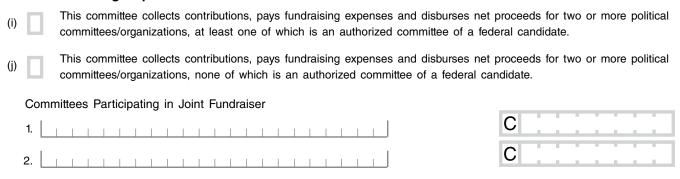
mage# 202212289574233354				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
			Office	Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Sare for Senate	;			
ADDRESS (number and street)	233 Route 17			
(Check if address is changed)				
	Tuxedo Park		NY 10987 STATE ▲	− L ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	mattguice@hotmail.co	om 		
	Optional Second E-Mail Ad guicematt@gmail.co	dress m I I I I I I I I I I I I I I I I I I I		
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL)			
. DATE 09		00751826		
. FEC IDENTIFICATION	NUMBER ► C C	00751826		
. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined	d this Statement and to the best	of my knowledge and belief i	t is true, correct and co	mplete.
ype or Print Name of Treas	urer Guice, Matthew, Christopher	, Mr,		
Signature of Treasurer	uice, Matthew, Christopher, Mr,	[Electronically Filed]	Date 12	28 / Y Y Y Y 2022
NOTE: Submission of false, en	roneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing TION SHOULD BE REPORTED		nalties of 52 U.S.C. §30109
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530	ion F I	EC FORM 1 Revised 06/2012)

Local 202-694-1100

Use Only

-	
FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 tinformation below.)	the candidate
Name of Sare, Diane, Wilson, Ms,	
Candidate Office Party Affiliation IND Sought: House Senate President	State NY District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (Democra	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	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 segregation committee. (i.e., nonconnected committee)	ted 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 I	PAC).

Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Sare for Senate

Mailing Address		L																					
		L																					
																L					- L		
						С	ITY						ST	ATE				Z	ΊΡ	со	DE		

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Guice, Mat	thew, Christopher, Mr,						
Full Name							
Mailing Address	30 Sievers Ln						
	Little Ferry		NJ	07643			
			STATE 🔺	ZIP CODE			
Title or Position ▼							
Treasurer 917 595 0521 Telephone number 917 595 0521							

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	Guice, Matthew, Christopher, Mr,							
of Treasurer								
Mailing Address	30 Sievers Ln							
	Little Ferry NJ 07643							
	CITY ▲ STATE ▲ ZIP CODE ▲							
Title or Position ▼								
Treasurer	Telephone number							

FEC Form 1 (Revised 0	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ ST	TATE A ZIP CODE A
Title or Position ▼		
	Telephone number	r [=[=[

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.

L	Key Bank		
Mailing Address	75 N Broadway		
	Tarrytown	NY 10591	
	CITY 🔺	STATE ▲ ZIP CODE ▲	
Name of Bank, De	pository, etc.		. 1
L Mailing Address			
	CITY ▲	STATE ▲ ZIP CODE ▲	