## 2024-08-12-08-00479377

FEC FORM 1

## STATEMENT OF ORGANIZATION

FEC MAILCENTER

2024 AUG 12 AM 9: 52

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
Riigggines, Flor	r <sub>i I</sub> M <sub>i</sub> ijsis jojujr jij	1					
ADDRESS (number and street) 3, 4, 1, 5, 1, N, 1, K, I i I n   g   s   h   I   g   h   w   a   y     B   I   v   d     .   .   .							
☐							
	St   L o u is		M <sub>1</sub> O 6 <sub>1</sub> 3 <sub>1</sub> 1 <sub>1</sub> 1 <sub>5</sub> - 1 ZIP CODE ▲				
COMMITTEE'S E-MAIL ADDRES	SS						
(Check if address is changed)							
	Optional Second E-Mail Addr	ress					
COMMITTEE'S WEB PAGE ADD	DRESS (URL)						
☐ 【 (Check it address is changed)	RigggiinsiFjor	r [M ississolulriis.					
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2. DATE 0 0 0 2	2 0 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						
0. FEO IDENTIFICATION NUMBER > CO							
4. IS THIS STATEMENT	NEW (N) UH	AMENDED (A)					
I certify that I have examined th	nis Statement and to the hest of	of my knowledge and helief i	t is true, correct and complete				
Type or Print Name of Treasurer	r Rochelle A. Riaains.						
orginatore or measurer			# # # # # # # # # # # # # # # # # # #				
NOTE. Submission of laise, enoneous, or incomplete information may subject the person signing this statement to the penalties of 52 0.5.0. §30109  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITTIN TO DATS.							
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l cse i	ı ı		(Doviced 03/3033)				

Form 1 (Revised 03/2022)	Page 2					
TYPE OF COMMITTEE:						
didate Committee:						
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 comminformation below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate R <sub>I</sub> o <sub>i</sub> c <sub>I</sub> h <sub>I</sub> e <sub>I</sub> I <sub>1</sub> I <sub>E</sub> <sub>I</sub> A <sub>I-1</sub> R <sub>I</sub> I <sub>I</sub> g <sub>I</sub> g <sub>I</sub> I <sub>I</sub> n <sub>I</sub> s <sub>I</sub> I I I I						
Candidate Party Affiliation  Libertarian  Office Sought: House  Senate	President State MC					
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.					
Name of Candidate	<del>1</del>					
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
Political Action Committee (PAC):  (a) This committee is a sensyste segregated fund. (Identify connected organization on	line 6.) Its connected organization is					
(e) This committee is a separate segregated fund. (Identify connected organization on	ime o.) 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 committee. (i.e., nonconnected committee)	separate segregated 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 PA						
In addition, this committee is a Lobbyist/Registrant PAC.	, , ,					
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fee	·					
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser						
1	C					
2	C					

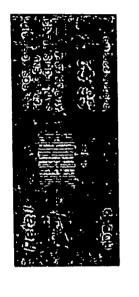
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Vrite or Type Committee	Name	
Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Represent	ntative, or Leadership PAC Sponsor
Mailing Address	<u> </u>	<u></u>
	CiTY ▲ ST.	TATE ▲ ZIP CODE ▲
Relationship: Con	nected Organization Affiliated Organization Joint Fundraising Re	epresentative
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of th	e person in possession of committee
Full Name R	oլcլhլeլIլIլeլ լAլ. լRiigigiiinis, ; լ , , , ,	
Mailing Address	3 <sub>1</sub> 4 <sub>1</sub> 1 <sub>1</sub> 5 <sub>1</sub> <sub>1</sub> N <sub>1.1</sub> <sub>1</sub> K <sub>1</sub> i <sub>1</sub> n <sub>1</sub> g <sub>1</sub> s <sub>1</sub> h <sub>1</sub> i <sub>1</sub> g <sub>1</sub> h <sub>1</sub> w <sub>1</sub> a <sub>1</sub> y <sub>1</sub>	_B <sub> </sub>  -v <sub> </sub> d <sub> </sub> .
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	CITY ▲ ST.	TATE ▲ ZIP CODE ▲
Title or Position ▼		
Custodii	aini joifi   Rieicioiridis Telephone number	r [3 <sub>1</sub> 1 <sub>1</sub> 4]-[7 <sub>1</sub> 9 <sub>1</sub> 9]-[4 <sub>1</sub> 2 <sub>1</sub> 9 <sub>1</sub>
	me and address (phone number optional) of the treasurer of the cole.g., assistant treasurer).	rnmittee; and the name and address of
Full Name of Treasurer	oլcլhլeլlլlլeլ լAլ. լRiigigiinis; , , , , , ,	<u> </u>
Mailing Address	[3 <sub>1</sub> 4 <sub>1</sub> 1 <sub>1</sub> 5 <sub>1</sub>   N <sub>1.1</sub>   K <sub>1</sub> i <sub>1</sub> n <sub>1</sub> g <sub>1</sub> s <sub>1</sub> h <sub>1</sub> i <sub>1</sub> g <sub>1</sub> h <sub>1</sub> w <sub>1</sub> a <sub>1</sub> y <sub>1</sub>	$_{1}B_{1}I_{1}v_{1}d_{1}$ . $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$
	P.O. B.O.X. 51310141	
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	CITY ▲ ST.	TATE ▲ ZIP CODE ▲
Title or Position ▼		
C <sub> </sub> a <sub> </sub> m p <sub>i</sub> a <sub> </sub> i <sub> </sub> g <sub> </sub>	n     Tirieja  siuirieiri   Telephone number	r 3,1,4-7,9,9-4,2,9

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	FEC Form	(Revised 03/2022)	<u> </u>	Page 4	
	Full Name of Designated Agent	[U <sub>i</sub> S <sub>i</sub>  B <sub>i</sub> a <sub>i</sub> n <sub>i</sub> k <sub>i                                      </sub>	<u> </u>	<u> </u>	
	Mailing Address	4 <sub>1</sub> 3 <sub>1</sub> 0 <sub>1</sub> 1 <sub>1</sub> L <sub>1</sub> i <sub>1</sub> n <sub>1</sub> d <sub>1</sub> e <sub>1</sub> l <sub>1</sub> l <sub>1</sub> B <sub>1</sub> l <sub>1</sub> v <sub>1</sub> d <sub>1</sub> . , , ,			
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	Title or Position		TATE A	ZIP CODE ▲	
		Telephone numbe	er <u>3</u>	1,4]-[5,3,1]-[4,4,9,5]	
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.				
	Mailing Address				
		CITY ▲ ST	TATE A	ZiP CODE ▲	
	Name of Bank, Depository, etc.				
		1			
	Mailing Address				
		CITY ▲ ST	TATE A	ZIP CODE ▲	

Rochelle A. Riggins

3415 N. Kingshighway Blud.
Po Box 5304

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1050 First Street, NE Workington, DC, 20463

Federal Electron Commission



Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  The FEC added this page to the end of this filing to indicate how it was received.					
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USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date Date of Receipt				
	Next Business Day Delivery				
Received via FAX	Date of Receipt				
Received via Email	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
ma	8-12-24				
PREPARER (4/2023)	DATE PREPARED				