Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Sam Riddle 1276 Navarre PL ADDRESS (number and street) (Check if address is changed) Detroit 48207 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS friendsofsamriddle@gmail.com (Check if address is changed) Optional Second E-Mail Address ∣samnoww1,@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2022 C00814319 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Riddle, Sam, Lewis, , Riddle Type or Print Name of Treasurer Riddle, Sam, Lewis, , Riddle [Electronically Filed] 05 03 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name of	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Candidate	Riddle, Samuel, Lewis, , Jr	
Candidate Party Affili	office Sought: House Senate President	State MI District 13
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	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 separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fu	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Сс	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Friends of Sam Riddle	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records.	n possession of committee
Riddle, Sam, Lewis, , Riddle	1
Full Name	
Mailing Address	
Detroit MI 482	
Title or Position CITY STATE	ZIP CODE
Candidate Telephone number 313	
5. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and th any designated agent (e.g., assistant treasurer).	e name and address of
Full Name Riddle, Sam, Lewis, , Riddle of Treasurer	
Mailing Address 1276 Navarre PL	
Detroit MI 4820	07
CITY STATE Title or Position	ZIP CODE
Telephone number 313	- 915 - 1557

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
Mailing Address	Public Service Credit Union	
	Romulus MI	
	Romulus MI 48174	
		ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank, Mailing Address	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE