

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2024 FEB - 1 PM 12: 13

			Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Lieinsinge Wo	ald Democi	viatinci Giling		
ADDRESS (number and street)	11659 Glen	niviliain Rid F77	1.7. <u>K</u> 1	
(Check if address is changed)				
	STELL BELGIC	<u> </u>	C_A A_O_7.40 ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	ESS	11.0		
☐ ◀ (Check if address is changed)	lliwisi bidie imoir	ciriatii icicitiubie	19 mai 11 11 10 0 m	
1	Optional Second E-Mail A	ddress		
est and the second	Midicialiticion	MA eigi men i livicio	MM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)	· 	· · · · · · · · · · · · · · · · · · ·	
☐	sibil judiemsi	Worldpirens.	CIOIM	
2. DATE 0. 2	4 2024	·		
3. FEC IDENTIFICATION N	3. FEC IDENTIFICATION NUMBER > C 0.0 52, 6.53			
4. 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.				
Type or Print Name of Treasurer Mary Tromp				
Signature of Treasurer Many Tromp Date 01 24 2021				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	CCL CLIBIN I	

Page 2

FEC Form 1 (Revised 03/2022)

TYPE OF COMMITTEE:

Candidate Committee:

6.	Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
	Mailing Address	
		CITY ▲ STATE ▲ ZIP CODE ▲
	Relationship: Conr	nected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spons
7.	Custodian of Records books and records.	ldentify by name, address (phone number optional) and position of the person in possession of committee
	Full Name	Milian Bruce
	Mailing Address	1.920 Makimney Way #1.76
		Seal Beach CA 90749-
	Title or Position ▼	CITY ▲ STATE ▲ ZIP CODE ▲
	Priessipher	11 Telephone number 5,6,21-13,351-15,3,000
8.		ne and address (phone number optional) of the treasurer of the committee; and the name and address of (e.g., assistant treasurer).
	Full Name of Treasurer	ary Trampini
	Mailing Address	11, 6,5,0, 6,1, e, nui, e, W, R, d, 7,7, K, , , , , , , , ,
		··
		150-1 Beach

CITY A

FEC Form 1 (Revised 03/2022)

Write or Type Committee Name

Title or Position ▼

Tregaliter

Page 3

ZIP CODE A

5.621-14112-105,99

STATE A

Telephone number

Full Name of Designated	Robert Gollen		
Agent Mailing Address	1.64.1. Interlachen Rid	<u> </u>	3.1:
Maining Addition			
	<u> </u>	10.0	10 7 7 4
	Beach Beach	CA	[91017H16]-
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
4001115	Telephone no	umber 🔼	6.21-15.4.71-9.0.601
	Depositories: List all banks or other depositories in which the committees or maintains funds.	ttee deposits 1	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Nim Virisiion Frederial Ciredit	Uni	<u>01/\(\)</u>
Mailing Address	113419 A Northwood R	.	
		1.1.1.1.1	
	\$ egl Beach	CA	9,0,7,40-
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
		<u> </u>	
Mailing Address			
		1 1 1 1	
		لـــا	
	CITY ▲	STATE ▲	ZIP CODE ▲

NEWS - DN - DH - BM - DOTGOSHO

FEC Form 1S (Revised 03/2022)

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

	_	
Page	of	

5(i) or (j	j). Joint Fundraising	g Participant:			
_	1.			FEC ID number	
	2.		<u> </u>	FEC ID number	
	3.			FEC ID number	
	1	1 1 1 1 1 1 1		FEC ID number	
_					
6. N	Name of Any Connected	Organization, Affilia	ited Committee, Joint Fundr	aising Representative, c	r Leadership PAC Sponsor
	Mailing Address		<u> </u>	<u> </u>	
			<u> </u>		
		1			
	Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization	Affiliated Committee Joint	Fundraising Representative	e Leadership PAC Sponsor
8. [Pesignated Agent: Identify	by name, address	(phone number – optional)		
	Mailing Address				
			1.		
	TITLE OR POSITION	▼	CITY ▲	STATE ▲	ZIP CODE ▲
			Te	elephone Number	
s	Banks or Other Depositors afety deposit boxes or matching and provided the same of Bank, Depository, etc.	ries: List all banks of intains funds.	or other depositories in which		unds, holds accounts, rents
			1 1 1 1 1 1 1 1 1 1		, , , , - , , ,
1		· · · · · · · · · · · · · · · · · · ·	CITY ▲	STATE ▲	ZIP CODE ▲



2024 FEB - 1 PM 12: 13

LOS ANGELES CA 900 26 JAN 2024 PMS L

401881M 400

Federal

1050 First Street,

Was Lington

MS. MARY TROMP 1650 GLENVIEW RD., APT. 77K SEAL BEACH, CA 90740

Hand Delivered Date of Receipt USPS First Class Mail USPS Registered/Certified Postmarked (R/C) USPS Priority Mail USPS Priority Mail Express Postmarked Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt or Postmarked Date of Receipt or Postmarked PREPARER PREPARER (4/2023)	Federal Elec ENVELOPE REPLACEMENT PA The FEC added this page to the end o		
USPS First Class Mail USPS Registered/Certified Postmarked (R/C) USPS Priority Mail USPS Priority Mail Express Postmarked Date of Receipt Date of Receipt	Hand Delivered		Date of Receipt
USPS Registered/Certified USPS Priority Mail USPS Priority Mail Express Postmarked USPS Priority Mail Express Postmarked No Postmark Illegible No Postmark Shipping Date Date of Receipt Next Business Day Delivery Pate of Receipt Date of Receipt	USPS First Class Mail		Date of Receipt
USPS Priority Mail USPS Priority Mail Express Postmarked USPS Priority Mail Express Postmarked No Postmark Shipping Date Date of Receipt Next Business Day Delivery Received via FAX Date of Receipt Received via Email Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED	USPS Registered/Certified		Postmarked (R/C)
USPS Priority Mail Express Postmark Illegible No Postmark Shipping Date Date of Receipt Next Business Day Delivery Pate of Receipt Date of Receipt	USPS Priority Mail		Postmarked .
No Postmark Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received via FAX Date of Receipt Received from Electronic Filing Office Date of Receipt	USPS Priority Mail Express		Postmarked
Shipping Date Date of Receipt Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Date of Receipt Received via Email Date of Receipt Date of Receipt Other (Specify): Date of Receipt Other (Specify):	Postmark Illegible		,
Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received via FAX Date of Receipt Date of Receipt Other (Specify): Date of Receipt Other (Specify):	No Postmark	****	
Received via FAX Date of Receipt Received via Email Received from Electronic Filing Office Date of Receipt Pate of Receipt Date of Receipt or Postmarked Date of Receipt or Postmarked Date of Receipt or Postmarked	11 1 -		
Received via FAX Date of Receipt Received from Electronic Filing Office Date of Receipt Date of Receipt Date of Receipt Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED		next busine	ss Day Delivery
Received via Email Received from Electronic Filing Office Date of Receipt Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED	Received via FAX		Date of Receipt
Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED	Received via Email		Date of Receipt
Other (Specify): 2/1/24 PREPARER DATE PREPARED	Received from Electronic Filing Office	ce	Date of Receipt
	Other (Specify):	Date of	Receipt or Postmarked
	MO		2/1/24
			DATE PREPARED