FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sedinam2020 24721 Parklawn St. ADDRESS (number and street) (Check if address is changed) Oak Park 48237 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS eric@aquapolling.com (Check if address X is changed) Optional Second E-Mail Address therealmsskcmcurry@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.sedinam2020.com (Check if address is changed) DATE 2019 C00715292 FEC IDENTIFICATION NUMBER > 3. X 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. Siegel, Eric, , , Type or Print Name of Treasurer Siegel, Eric, , , [Electronically Filed] 80 13 2019 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	1 aye £				
Car	ndidate	Committee:					
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	<i>'</i> .)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cand	e of didate	Moyowasifza-Curry, Sedinam, Kinamo Christin, ,					
	didate y Affiliati	on GRE Office Sought: House Senate Fresident	State				
(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 tommittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number					
	3.	FEC ID number C					
	4.						

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Write or Type Committee Name		
Sedinam2020		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
	CITY STATE	ZIP CODE
_		
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Siegel, Erio	5, , ,	1
Mailing Address	24721 Parklawn St.	
	Oak Park MI 48237	. -
	CITY STATE 2	ZIP CODE
Title or Position	, 401 , , 9	954 9038

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Full Name of Designated Agent							
Mailing Address							
	CITY	STATE	ZIP CODE				
Title or Position							
	Teleph	none number					
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. Credit Union One							
Mailing Address	400 E. Nine Mile Rd.						
·							
	Ferndale	MI	48220				
	CITY	STATE	ZIP CODE				
Name of Bank, I	Depository, etc.						
Mailing Address							
	CITY	STATE					