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FEC FORM 1		ORGANIZ		AM 10: 55	
1. NAME OF COMMITTEE (in	full)	(Ćheck if name is changed)	Example: if typing, type over the lines.	12FE4M5	
H <sub>i</sub> a <sub>i</sub> r <sub>i</sub> l <sub>i</sub> e <sub>i</sub> y <sub>i</sub> =	<sub>j</sub> D <sub>i</sub> a <sub>i</sub> v <sub>i</sub> i	i,d <sub>i</sub> s <sub>ioini i</sub> l <sub>inic</sub>	PAC		
ADDRESS (number a	nd street)	3,7,0,0, Wes	t i j Jiu i njejaju i j Aj v	e nue i	
(Check if a is changed	address d)		11111111		
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COMMITTEE'S E-MA	AIL ADDRE	SS			
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	-,	Optional Second E-Mail	Address		
COMMITTEE'S WEE	address	DRESS (URL)			
2. DATE 0	1 1	0, 2,0,2,5			
3. FEC IDENTIFI	CATION N	UMBER ▶ C	0 0 2 2 4 7 2 5		
4. IS THIS STATE	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 Guido Zucconi					
Signature of Treasurer  Date 0 1 1 0 2 0 2 5					
NOTE: Submission of talse, 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.					
Öffice Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the ca	·
information below.)  Name of  Candidate	
, the same of the	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT a	in authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of t	(Democratic, the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected of	rganization on line 6.) Its connected organization is a
	55
Corporation Corporation w/o Cap  Membership Organization Trade Association	ital Stock Labor Organization Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	f <b>3</b>
(1) This committee supports/opposes more than one Federal candidate, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify s	sponsor on line 6.)
(g) This committee is an independent expenditure-only political committee	ee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) ; This committee is a political committee with both contribution and ne	on-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses an committees/organizations, at least one of which is an authorized collects.	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	•
Committees Participating in Joint Fundraiser	g to the mean of the many colors of the second
	C. Jam's community of the

٧	FEC Form 1 (Revised Write or Type Committee Name		Page 3
·			
 5.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	Mailing Address		1111111111
		CITY ▲ STATE	E ▲ ZIP CODE ▲
	Relationship: Connect	ed Organization Affiliated Organization Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number – optional) and position of the p	person in possession of committee
	Full Name		
	Mailing Address		
			1   1   1   1   1   1   1   1   1   1
		CITY A STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
		Telephone number	السا-لسا-لسسا
3.	Treasurer: List the name any designated agent (e.g	and address (phone number — optional) of the treasurer of the comm., assistant treasurer).	nittee; and the name and address of
	Full Name of Treasurer G u	i <sub>i</sub> d <sub>i</sub> o <sub>i I</sub> Z <sub>i</sub> u <sub>i</sub> c <sub>i</sub> c <sub>i</sub> o <sub>i</sub> n <sub>i</sub> i , , , , , , , , , , , , , , , , , ,	
	Mailing Address	1,2, Dud ley, Court	1111111111
		B <sub>i</sub> e <sub>i</sub> t <sub>i</sub> h <sub>i</sub> e <sub>i</sub> s <sub>i</sub> d <sub>i</sub> a <sub>i</sub>         M <sub>i</sub>	D 2:0:8:1.4 -
	The as Basin s	CITY ▲ STAT	ZIP CODE ▲
	Title or Position ▼		
	Majnjajgjejri j	Telephone number	$2 \cdot 4 \cdot 0 - 3 \cdot 4 \cdot 0 - 5 \cdot 9 \cdot 7 \cdot 3$

<u> </u>	FEC Form 1	(Revised 03/2022)	Page 4
	Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Mailing Address		
	•		
			<del></del>
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone number	
9.	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
	Name of Bank, D	Depository, etc.	
		<u> </u>	
	Mailing Address		
		<u> </u>	
			1-1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	Depository, etc.	
		<u> </u>	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC	Form	15	(Revised	03/2022

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

Page	of	

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5(i) or	(j). Joint Fundraising  1			FEC II	O number O number O number O number	
<b>6</b> .	Name of Any Connected	Organization, Affilia	ated Committee, Joint	Fundraising Re	presentativo	e, or Leadership PAC Sponsor
		11111		1111		
		111111			1111	
	Mailing Address	<u> </u>	1 1 1 1 1 1 1 1			<del></del>
				1111		
	Relationship:		CITY ▲		STATE A	ZIP CODE ▲
	; ;	기막 Organization 기막	Affiliated Committee	'; Joint Fundraisin		(**;
				, , , , , , , , , , , , , , , , , , , ,	g - 10p1000111	Estacionip 1740 Operad
<b>8.</b> (	Designated Agent: Identify  Full Name	by name, address	(phone number – option	nai)	1 1 1 1	
	Mailing Address		1 1 1 1 1 1 1			
			<u> </u>		1 1 1 1	1 1 1 1 1 1 1 1 1 1 1
			1 1 1 1 1 1 1			
	TITLE OR POSITION	▼	CITY ▲		STATE A	ZIP CODE ▲
		11111		Telephone N	iumber	<del></del>
9. I	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks of intains funds.	or other depositories in	which the commi	ittee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.				<del>                                      </del>	
	Mailing Address					
					<u> </u>	
l l			CITY A		STATE A	ZIP CODE ▲

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