

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FRIENDS OF ARMANDO ANZOLI

ADDRESS (number and street)

1474 South County Trail



(Check if address is changed)

Apt 16

East Greenwich

CITY ▲

RI

STATE ▲

02818

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

operationsteam@armandosfriends.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

09 / 21 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00837351

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 Anzoli, Armando, , ,

Signature of Treasurer Anzoli, Armando, , ,

Date

09 / 23 / 2023

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ 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 committee. (Complete the candidate information below.)

Name of Candidate Anzoli, Rev. Armando, L, ,

Candidate Party Affiliation n/a

Office Sought: ☐ House ☒ Senate ☐ President

State RI

District 00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action 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.)

- (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 PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

FRIENDS OF ARMANDO ANZOLI

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Anzoli, Armando, , ,

Mailing Address 1474 South County

Unit 16

East Greenwich

RI

02818

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CFO, FISCAL MINISTER

Telephone number

401

302

6221

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Anzoli, Armando, , ,

Mailing Address 1474 South County

Unit 16

East Greenwich

RI

02818

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TRES MINISTER, CFO

Telephone number

401

302

6221

Full Name of
Designated
Agent

Anzoli, Armando, , ,

Mailing Address

1474 South County Trl

East Greenwich

RI

02818

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

AGENT OF RECORD

Telephone number

401

302

6221

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.

FOUND

Mailing Address

81 Mission St

#64

San Francisco

CA

94103

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 'A-G79 @ @ B9CI G'H9LH'F9 @ H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F1A

Transaction ID :

I won't over complicate this you pressured me to pay money to rent or buy a right I already had by rule making that was pressure to help me pay for right to run for office permit called a incorporation fee extorted by RI SOS Office. That is illegal way make me have to do pay start the things needed to run for office and to be able open a bank account thus depository rule making broke the United States Constitution The accused is The Commissioners are negligent at FEC. No other wrongs were done by them nor me in any kind of refusals decisions or anything at all to do anything over anything I know of any way. Any arbiter who disagrees is accidentally wrong including but limited to any judiciary branch and any branch and branches of governments of any type too.

Form/Schedule:

Transaction ID: