# NONN DE DE DM DOGMONAG

FEC FORM 1	ORGANIZATION	FEC MAIL CENTER  20234PR SE 2019 PM 12: 56								
1. NAME OF COMMITTEE (in	(Check if name Example: If typing, type is changed) ever the lines.	12FĚ4M5								
Jasie pihi	Afticonani Forenani For 190	e.s.i.de.n.t								
ADDRESS (number a	nd street) [1282 Garland Drive									
☐ ◀ (Check if a is changed										
	CITY A CITY A	STATE A ZIP CODE A								
COMMITTEE'S E-MA	AIL ADDRESS									
☐ ◀ (Check if a is changed		essident.Gom								
COMMITTEE'S WEB  (Check if a is changed		tcom								
2. DATE 0.	3 2,5 2,0,2,3									
3. FEC IDENTIFIC	CATION NUMBER > CTO be assigned									
4. IS THIS STATEM	MENT NEW (N) OR AMENDED (A)									
I certify that I have e	examined this Statement and to the best of my knowledge and belie	f it is true, correct and complete.								
Type or Print Name	of Treasurer <u>Jason</u> Savage									
Signature of Treasure		Date 0.4 0.5 2,0,23								
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signir	ng this Statement to the penalties of 52 U.S.C. §30108								

		AN	Y CHANGE IN	INFORMATIO	ON SHOULD BE REPORTED WITHIN 10 DA	AYS.	
<u> </u>	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 03/2022)	

C Form 1	1 (Revised 03/2022)	Page 2
TYPE O	OF COMMITTEE:	
Candid	date Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		andidate
Name		
Candid	idate	11111
Candid Party /	idate Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	kin saline r
	me of indidate	1111
Party C	Committee:	· · · · · · · · · · · · · · · · · · ·
(d) ( ) ( ) (d)	or suppropage committee of the thing is a separation of	c.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	nization
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated full committee. (i.e., nonconnected committee)	and or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)		
	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).	
Note.	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	Fundraising Representative:	·····
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modernittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(i) [pair] [d] [d]	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
Com	nmittees Participating in Joint Fundraiser	
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Mailing Address					
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Dalatianahia.					
Deletionship: Connect		CITY A		STATE ▲	ZIP CODE ▲
Relationship: Connecte	ed Organization Aff	iliated Organization	Joint Fundraisir	ng Representativ	e Leadership PAC Spor
Custodian of Records: Ide	ntify by name, address	(phone number optic	onal) and position	of the person in	possession of committee
Full Name 5 45	<u>,a,n, ,S,a,√,a,</u>	<u>9.e</u>			<del></del>
Mailing Address	1,2,8,2, 16	a, r, 1, a, n, d,	Dirive		
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	-	CITY A		STATE ▲	ZIP CODE ▲
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<u>Campaing</u>	il negasius	ici I	Telephone nu	mber <u>1910</u>	11-1288-1776
		umber optional) of t	he treasurer of th	e committee; a	nd the name and address of
Full Name of Treasurer SignS	ioini SigiVigi	9.e	_	<u> </u>	<del>                                     </del>
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	J	CITY A		STATE ▲	ZIP CODE ▲
Title or Position ▼	_	_		_	
Campaign	1/16easul	e	Telephone nu	mber <u>[9,0</u>	11-[2,8,8]-[7,76
t 1 6 - 4 1	Fill Name  Fill or Position  Freasurer: List the name a any designated agent (e.g. Mailing Address  Fill Name  of Treasurer  Mailing Address	Full Name    Sasan   S	Full Name    Sq. Sq. N.   Sq. V. q. q. e   Sq. V. q. q. q. e   Sq	Full Name    Sasan   Sasan	Full Name  Mailing Address    1   2   8   2

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<b>JOHNSO</b>

FEC Form 1S (Revised 03/2022)

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

Page \_\_\_ of \_\_\_

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5(i) or (j).	. Joint Fundraisin	g Participant:			
	1	11111		FEC ID number	
	2.	1.1.1.1.1.1		FEC ID number	
	3.	1 1 1 1 1 1		FEC ID number	
	4.	1 1 1 1 1 1		FEC ID number	C
6. <b>N</b> a	ame of Any Connected	Organization, Affili	ated Committee, Joint Fu	indraising Representati	ve, or Leadership PAC Sponsor
l					
	11.1.1.1.1.1.1				
	Mailing Address	1			
	J	1			
		1			<b>. !_!</b>
	Relationship:		CITY A	STATE 4	ZIP CODE ▲
	Connected	d Organization	Affiliated Committee	loint Fundraising Represer	ntative Leadership PAC Sponso
8. <b>D</b> €	Full Name		(phone number – optional	, 	
	Mailing Address		<u> </u>		
			<u> </u>		
			<u> </u>		<u> </u>
	TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
				Telephone Number	
sa	anks or Other Deposito  Ifety deposit boxes or ma	ries: List all banks of aintains funds.	or other depositories in wh	ich the committee depos	sits funds, holds accounts, rents
	epository, etc.		<del>                                     </del>		
	Mailing Address				
			11111111		
î			CITY A	STATE ▲	ZIP CODE · ▲·

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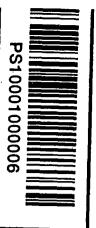
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