Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee to Elect Miranda L. Tozier-Robbins for Congress 107 Ashburnham St. ADDRESS (number and street) 1st Fl. (Check if address is changed) Fitchburg 01420 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Shortynspice@yahoo.com is changed) Optional Second E-Mail Address Shortynspice@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) facebook.com/TozierRobbinsForCongress (Check if address is changed) DATE 2023 C00796961 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. Type or Print Name of Treasurer Tozier-Robbins, Miranda,, Tozier-Robbins, Miranda, . . 11 20 2023 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC	Form 1 (Revised 03/2022) Pag	e 2					
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 candida information below.)	te					
	Name of Candidate Tozier-Robbins, Miranda, L., ,						
	Candidate Party Affiliation DEM Office Sought: House Senate President Districe	-					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate						
(c	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Par	ty					
Р	olitical Action Committee (PAC):						
(€	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:					
	Corporation Corporation w/o Capital Stock Labor Organizatio	n					
	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 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.						
J	int Fundraising Representative:						
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po- committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical					
(j)	(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. C	-					

Candidate/Treasurer

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V	Vrite or Type Committee Name				
	Committee to Ele	ect Miranda L. Tozier-Ro	obbins for Cor	ngress	
6.		rganization, Affiliated Committee, Joint	Fundraising Represe	ntative, or Lea	adership PAC Sponsor
	NONE				
	Mailing Address				
		I	1 1	. 1 1 .	1_1
		OLTV. A	OT.		7ID 00DE A
		CITY ▲	_	ATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number opt	ional) and position of th	e person in pos	ssession of committee
	Tozier-Rob	obins, Miranda, , ,			
		107 Ashburnham St.			
	Mailing Address				
		Fitchburg		MA 01	420
		CITY ▲	ęт	TATE ▲	ZIP CODE ▲
	Title or Position ▼	OH I	31.	AIL =	ZII CODL =
	Candidate/Treasurer		Telephone number	r 978	- 467 - 3516
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the co	mmittee; and th	ne name and address of
	Full Name Tozier-Rob	obins, Miranda, , ,			
	of Treasurer				
	Mailing Address	107 Ashburnham St.			
		Fitchburg		MA 01	420
	Title or Position	CITY ▲	ST	TATE ▲	ZIP CODE ▲

978

Telephone number

467

3516

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Full N Desig	lame of					
Agent	t					
Mailin	g Address					
Title o	or Position •		TATE ▲	ZIP CODE ▲		
		Telephone number	er 🔲			
Banks safety	s or Other deposit bo	Depositories: List all banks or other depositories in which the committee committee of the committee of th	deposits fun	ds, holds accounts, rents		
Name	of Bank, D	epository, etc.				
		Worker's Credit Union				
Mailin	g Address	815 Main St.				
		Fitchburg	MA	01420		
		CITY ▲ ST	TATE A	ZIP CODE ▲		
Name of Bank, Depository, etc.						
Mailin	g Address					
		CITY ▲ ST	TATE ▲	ZIP CODE ▲		