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## **FEC** FORM 1

### STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

i					7079	Office-Use Contylin (U+ U3		
NAME OF     COMMITTEE (in full)	0	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5			
DEMAGRATICA	١٩ ٤	UB AT IC	ED	AR CREST				
ADDRESS (number and street)		CIEIDIAIRI I	RE	ST 11 11 4 4 A	G F			
☐ <b>(Check if address</b> is changed)	L							
	Pa	CITY A	Run	1 <sub>1</sub> M <sub>1</sub> S <sub>1</sub> 1 1	STATE A	7 Y Y Y - L ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRE	SS							
☐ ◀ (Check if address is changed)	NO	NE	1 1 1					
	Option	al Second E-Mail Ad	idress					
	Ш		.111					
COMMITTEE'S WEB PAGE AD  (Check if address is changed)		(URL)	111					
2. DATE 67 21 20 25								
3. FEC IDENTIFICATION NUMBER ▶ C00767541								
4. IS THIS STATEMENT	NE	W (N) OR	Z	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 Joseph B. Paperman								
Signature of Treasurer Date 07 2/ 2025								
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 Only				For further Information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 03/2022)		

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information b	pelow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate Pro	State esident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	1
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
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separation committee. (i.e., nonconnected committee)	ate segregated fund 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) 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 account	nts (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 proce committees/organizations, at least one of which is an authorized committee of a federal committee.	· •
(j) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate	•
Committees Participating in Joint Fundraiser	·
1. [	+++++
2	

_	Write or Type Committee Name	GIZUZZ)	-	J. 2-77		. ago o
	•					
6.	Name of Any Connected O	rganization, At	filiated Committee, Jo	nt Fundralsing Rep	resentative, o	or Leadership PAC Sponsor
		1 1 1 1 1 1				
		1 1 1 1 1				
	Mailing Address				1	
			1111111			
			CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Affiliated Organization	Joint Fundraisin	g Representat	ive Leadership PAC Spons
<del></del> 7.	Custodian of Records: Ident books and records.	ify by name, ad	dress (phone number o	optional) and position	of the person	in possession of committee
	Full Name	1111			<del>                                     </del>	
	Mailing Address					
					<u> </u>	
						<u> </u>
			CITY ▲		STATE ▲	ZIP CODE A
	Title or Position ▼					
				Telephone nu	mber	
8.	Treasurer: List the name an any designated agent (e.g.,			of the treasurer of th	e committee;	and the name and address of
	Full Name of Treasurer	E <sub>I</sub> C <sub>I</sub> H <sub>I</sub> B <sub>I</sub>	PAPERKA	<u> </u>		
	Mailing Address	1912	FOR4ST G	-45 2	<del>I.          </del>	
		PAMPI	TOM 19491	145	12/5	0,7,4,4,4,-
			CITY ▲		STATE ▲	ZIP CODE A
	Title or Position ▼					
i	Treasporter			Telephone nu	mber 9	7,3-4,9,3-8,4,4,5

FEC FORM I (R	evised U3/2022)		raye 🕶
Full Name of Designated Agent	PAVID 594099 NII		
Mailing Address	321 Walden Pl	99911111	
	Romation Plain		0,7,4,4,4,-
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Mrs ist.	CIAITI TIPIZIASIUMENI	Telephone number	+ 911- [4,0,0]-[6,9,0,0
Banks or Other Department States Banks Ban	positories: List all banks or other depositories in or maintains funds.	which the committee deposits	funds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
F	ROVIDENT BANK		
Mailing Address	CKIDAR ICIREISITI B	RANCH	
	1 196 ABRI & REISITI		
	PIDIMIPITION IPILIALIM	NJ WJ	017141414 -
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
			<u> </u>
	CITY ▲	STATE ▲	ZIP CODE ▲

# NONE ON THE TOM TO DO HOW HOW

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

Page	of	

FFC	Form	18	(Revised	<b>03/2022</b>

5(i) or (j).	. Joint Fundraisin	g Participant:					
	1.	<u> </u>		FEC	D number	C	
	2.			FEC !	D number	С	
	3	1 1 1 1 1 1		☐ FEC	ID number	C	
_	4.			FEC	ID number	C	
6. <b>N</b> a	ame of Any Connected	Organization, A	ffiliated Committee, Joint	Fundraising Re	epresentativ	e, or Leaders	hip PAC Sponsor
l	L				111		
l					1111	1 1 1 1 1	
	Mailing Address			1111		<del>                                     </del>	
						1 1 1 1 1	
	Relationship:		CITY ▲		STATE A	<u></u>	ZIP CODE A
	<b>,</b>	d Organization	Affiliated Committee	Joint Fundraisi			adership PAC Sponsor
	Comected	o Organization	Annated Committee	Joint Fundraisi	ng Replesent	ative	dership FAC Sponsor
8. <b>De</b>	esignated Agent: Identify	y by name, addre	ess (phone number – option	nal)			
	Full Name	1 1 1 1 1			1111	1111	1
	<b>L</b>			<del></del>	<del></del>		
	Mailing Address						
	<del></del>						
	<del></del>						
	<del></del>		CITY A		STATE A		CODE A
	Mailing Address  TITLE OR POSITION		CITY A	Telephone		ZII	
	Mailing Address  TITLE OR POSITION		1	Telephone		ZII	CODE A
9. <b>Ba</b>	Mailing Address  TITLE OR POSITION  Anks or Other Deposito	ries: List all bank	1		Number	<u>L</u>	
sat	Mailing Address  TITLE OR POSITION  Anks or Other Depositor deposit boxes or mail	ries: List all bank			Number	<u>L</u>	
sai Na	Mailing Address  TITLE OR POSITION  Anks or Other Deposito	ries: List all bank			Number	<u>L</u>	
sai Na	Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	ries: List all bank			Number	<u>L</u>	
sai Na	Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all bank			Number	<u>L</u>	
sai Na	Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all bank			Number	s funds, holds	

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Feberal Electise Commission 1050 First street, NE 2050 First Street, NE washington, D.C. 20463

	on Commission GE FOR INCOMING DOCUMENTS this filing to indicate how it was received.
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af	7-30-25
(4/2023)	DATE PREPARED