

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Advocates Essential

Simone Dickson

PO BOX 7390

ADDRESS (number and street)

(Check if address  
is changed)

Upper Marlboro

CITY ▲

MD

20779

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

dicksonsimone37@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

5/15/0003

3. FEC IDENTIFICATION NUMBER

C

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

Simone Dickson

Signature of Treasurer

Simone Dickson

Date

5/15/0003

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 03/2022)

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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

Dimone DICKSON

Candidate  
Party Affiliation

Office  
Sought:

 House Senate President

State

District

(c)

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

AUL

**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  
 Membership Organization

Corporation w/o Capital Stock  
 Trade Association

Labor Organization  
 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.
- This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

(j)

committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C  
Committee A  
Committee B

C  
Committee C  
Committee D

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1 (Revised  
03/2022)

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Write or Type Committee Name

**NATIVE AMERICAN**

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

**ADVOCATES ESSENTIAL**

Mailing Address

**PO BOX 7390**

CITY ▲

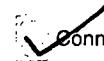
STATE ▲

ZIP CODE ▲

**Upper Marlboro**

**MD 20792**

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

**Simone Dickson**

Mailing Address

**9801 April 10 Dr 7390**

CITY ▲

STATE ▲

ZIP CODE ▲

**Upper Marlboro**

**MD 20792**

Title or Position ▼

**Tribal Chief**

Telephone number

**000-035-8745**

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).

**Simone DICKSON**

**ADVOCATES ESSENTIAL**

**P.O. BOX 7390**

**UPPER MARLBORO, MD 20792**



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<i>JAM</i>	5/19/23	
PREPARER (4/2023)	DATE PREPARED	