

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2023 MAY 19 PM 12:40

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

ADDRESS (number and street)

PO BOX 7390

☐ (Check if address  
is changed)

Upper Marlboro

CITY ▲

MD

STATE ▲

20792

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

5/15/2023

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

5/15/2023

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  
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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

Bimone 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

ALL

**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.

☐ 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

[illegible]

2. \_\_\_\_\_

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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 7391

Upper Marlboro

CITY ▲

STATE ▲

2092

ZIP CODE ▲

**Relationship:**

☒ Connected

~~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

Upper Marlboro

CITY ▲

MD

STATE ▲

20A2

ZIP CODE ▲

Title or Position ▼

Tribal chief

Telephone number

000-135-8745

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).

any designated agent (e.g., assistant treasurer).  
 Simone DICKSON  
 ADVOCATES ESSENTIAL  
 P.O. BOX 7390  
 UPPER Marlboro, MA

20792

Full Name  
of Treasurer

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

SEFCU

Mailing Address

P.O. 12189

Albany

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Boating  
#

Account #

Simone Dickson

RECEIVED  
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2023 MAY 19 PM 12:40

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Federal Election C  
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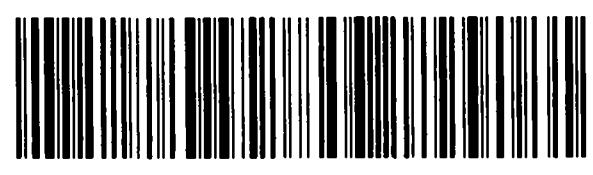
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Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>
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PREPARER	DATE PREPARED

(4/2023)

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