## NOVAL DAL VIX : DM : DOMIDOXOD

## STATEMENT OF

FORM 1		ORGANIZATION			i	2022 FEB 28 AM 8: 1.5			
1. NAME OF COMMITTEE (in	n full)		Check if name s changed)		nple:If typing, type the lines.	e 12F	E4M5		,
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ADDRESS (number and street) [C,Q:,ARTS ACTION,F,U,ND,									
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COMMITTEE'S E-MA	AIL ADDR	ESS							
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io diango.	-,	Optional	Second E-Mail	Address	T <sub>i</sub> S <sub>i</sub> U <sub>i</sub> S <sub>i</sub> A <sub>i</sub> . C			<u> </u>	
COMMITTEE NATE	DACE A	DDDESS (U	DI.)						
COMMITTEE'S WEB	address -	 	nc <i>)</i>						1
is changed	<b>d)</b>		<del>                                     </del>				1 1.1	<u> </u>	
					<del></del>	1	<del></del>	<u>                                     </u>	
2. DATE 0	1 2	7 ′ 2	ŎŹŹ				`		
3. FEC IDENTIFIC	CATION I	NUMBER	C	00303	321				
4. IS THIS STATE	MENT	X NEW	(N) OR		AMENDED (A	<b>A</b> )			
I certify that I have e	examined	this Stateme	ent and to the be	est of my l	mowledge and be	lief it is true,	correct an	d complete.	
Type or Print Name	of Treasu	er NIN	NA OZL	UTU	NCELI				
Signature of Treasure	er _	Uño		8		Date	0 1	27	′ 2 <u>022</u> °
NOTE: Submission of	false, erro				ject the person sign	_		e penalties o	f 52 U.S.C. §30109.
Office Use					For further informati Federal Election Con			FEC F	_

	FEC Fo	orm 1 (Revised 02/2009) Page 2					
		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.)					
	ne of didate						
	ididate sy Affiliati	Office Sought: House Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate Candidate						
Par	rty Con	nmittee:  (National, State (Democratic,					
(d)		This committee is a or subordinate) committee of the Republican, etc.) Party					
Pol	itical A	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.					
<b>(f)</b>	X	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.)					
Joint Fundraising Representative:							
(g)		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.					
(h)		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.					
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.						
	4.						

NOW BOW DOWN DOWN

		СПУ	STATE	ZIP CODE
	Relationship: Conr	nected Organization Affiliated Committee	Joint Fundraising Representativ	ve Leadership PAC Sponsor
7.	Custodian of Records books and records.	: Identify by name, address (phone number o	ptional) and position of the pers	son in possession of committee
	Full Name NI	NA, OZLU, TUNCELI,		
	Mailing Address	[C,O]: ARTS,A,C,T,IO]	N, FUND, , , , ,	
		[1,2,7,5, K,S,t, N, W,,,S,	u,ite ,1,2,0,0, , ,	
		MASHINGTON	ه ا	[2,0,0,0,5]-
	Title or Position	спу	STATE	ZIP CODE
	EXECUTIV	E DIRECTOR	Telephone number 20	2 - 3,7,1 - 2,8,3,0
` 8.		ne and address (phone number - optional) of the	ne treasurer of the committee; a	nd the name and address of
	Full Name of Treasurer	NA OZLU TUNCELL	<u>. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1</u>	
	Mailing Address	[C,O:, ARTS:ACT,IO]	N, FU,N,D, , , ,	
		[1,2,7,5, K,S,t, N,W,,,S	uite 1,2,0,0,	
		W. A. S. H I.N. G T. Q N CITY.	D <sub>1</sub> C STATE	2 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 5]-
	Title or Position	E DIRECTOR	Telephone number 20	<u>,2</u> ]-[3,7,1]-[2,8,3,0]

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

ININA OZLU TUNCELI

Full Name of Designated

Agent

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- BM - BBMgga	2
M - DOMOGO	2
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- 39	D S S S

FEC Form 1S (Revised 02/2017)

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

Page	of	

g)or(h). <b>Joint Fundrai</b> s	sing Participant:				
1		1 1 1 1 1 1 1 1	FEC ID num	nber C	
2.			FEC ID num	nber C	
3.			FEC ID num	nber C	
4.		1 1 1 1 1 1	FEC ID num	nber C	
Name of Any Connects	ed Organization, Affili	lated Committee, Joint	Fundraising Represe	ntative, or Lea	dership PAC Sponsor
				<del>                                     </del>	<del></del>
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Mailing Address	1				
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Relationship:		CITY ▲	 STA	.L	ZIP CODE A
Connec	cted Organization	Affiliated Committee	Joint Fundraising Rep	resentative	Leadership PAC Sponso
Full Name		<u> </u>	<u> </u>		1     1   1   1   1   1   1   1   1   1
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	1	.1. 1. 1. 1. 1. 1. 1. 1. 1.			-
TITLE OR POSITIO	 DN ▼	CITY ▲	STATI	Ε Δ	ZIP CODE ▲
	<del> </del>		Telephone Numbe	, <u>                                    </u>	<u> </u>
Banks or Other Depos safety deposit boxes or		or other depositories in v	vhich the committee d	eposits funds,	holds accounts, rents
Name of Bank,					
Depository, etc.			<del></del>	<del> </del>	<u> </u>
Mailing Address				<del></del>	
			1 1 1 1 1 1		
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		CITY A	STATI	<b>E</b> ▲	ZIP CODE ▲

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Received from Senate Public Records Office	Date of Receipt e			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
WDO	2/28/22			
(3/2015)	DATE PREPARED			