FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Rhode Island Democratic State Committee P.O. Box 6004 ADDRESS (number and street) (Check if address is changed) Providence 02940 RΙ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address sdella1547@aol.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00136200 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Diaz, Grace, , Date 10 30 2025 Signature of Treasurer Diaz, Grace, , , 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informati	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	nmittee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (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 lin	ne 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 secommittee. (i.e., nonconnected committee)	eparate 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	5.)
(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 ac	ccounts (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 p 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 p committees/organizations, none of which is an authorized committee of a federal can	-
Committees Participating in Joint Fundraiser	
1.	C

Treasurer

14	FEC Form 1 (/rite or Type Commit	(Revised 02/2009)	Page 3
٧V		and Democratic State Committee	
6.		nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	Harshin DAC Spansor
Ο.		lational Committee/Federal State Party Acct	reisilih LMC Shollsol
		data idi data i dita i di d	
	Mailing Address	430 South Capitol St., S.E.	
		Washington DC 2000	03
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	_		
7.	books and records.	ords: Identify by name, address (phone number optional) and position of the person in poss s. Della Rosa, Susann, , ,	ession oi committee
	Mailing Address	60 Don Avenue	
	3		
		Rumford RI 029	16
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SIAIE A	ZII GODL A
	Custodian	Telephone number 401 -	438
8.		e name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	e name and address of
	Full Name of Treasurer	Diaz, Grace, , ,	
	Mailing Address	43 Adelaide Avenue	
		Providence RI 0296	07
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

Telephone number

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number Telephone number Telephone number DC 20005 Name of Bank, Depository, etc. I350 I Street NW Suite 200 CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. CITY ▲ STATE ▲ ZIP CODE ▲	FEC Form 1 (Rev	rised 02/2009)		Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number	Designated			
Title or Position ▼	Mailing Address			
Title or Position ▼				
Title or Position ▼				
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. Mailing Address One Citizens Bank Mailing Address One Citizens Plaza Providence RI 02903 —	Title or Decition —	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc. M & T Bank Mailing Address 1350 I Street NW Suite 200 Washington CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Citizens Bank Mailing Address One Citizens Plaza	Title or Position ▼		Telephone number	
Mailing Address M & T Bank	Banks or Other Depo safety deposit boxes o	sitories: List all banks or other depositories in which maintains funds.	ch the committee deposits fur	nds, holds accounts, rents
Mailing Address 1350 Street NW Suite 200	Name of Bank, Deposi	itory, etc.		
Washington CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Citizens Bank Mailing Address One Citizens Plaza Providence RI 02903	M 8	& T Bank		
Name of Bank, Depository, etc. Citizens Bank Mailing Address One Citizens Plaza Providence RI 02903 —	Mailing Address	1350 I Street NW Suite 200		
Name of Bank, Depository, etc. Citizens Bank Mailing Address One Citizens Plaza Providence RI 02903 —				
Name of Bank, Depository, etc. Citizens Bank Mailing Address One Citizens Plaza Providence RI 02903		Washington	DC	20005
Citizens Bank Mailing Address One Citizens Plaza Providence RI 02903		CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address One Citizens Plaza Providence RI 02903	Name of Bank, Deposi	itory, etc.		
Providence RI 02903	Citi	zens Bank		
	Mailing Address	One Citizens Plaza		
CITY ▲ STATE ▲ ZIP CODE ▲		Providence	RI RI	02903
		CITY ▲	STATE ▲	ZIP CODE ▲

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

Page	of	12
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(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Rhode Island Victory	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	124 Washington Street		
Polationship	Foxboro	MA CTATE A	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X June 19	oint Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
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Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundrais i			
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lame of Any Connected Democratic Grassro	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Democratic Grassio			
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
-	I Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
MAGAZINER VICTO	DRY FUND 		
Mailing Address	ONE PARK ROW, 5TH FLOOR		
	PROVIDENCE	, , , , RI ,	02903
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		oint Fundraising Representa	tive Leadership PAC S
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Full Name	fy by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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-	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
WHITEHOUSE VICT	ΓORY FUND 2024		
	124 WASHINGTON STREET		
Mailing Address	SUITE 101		
	FOXBORO	MA MA	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	ig i di dolpant.		
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ame of Any Connected Harris Victroy Fund	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	re, or Leadership PAC Spon
Mailing Address	430 South Capitol Street, SE		
	Washington		20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	Leadership PAC S
esignated Agent: Identif	d Organization		Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ig i articipant.		
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4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
Mailing Address	959 Windsong PI		
	Petoskey	MI	49770
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X J y by name, address (phone number – optional)	oint Fundraising Represen	tative Leadership PAC S
			tative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	105 N STATE ST		
Mailing Address			
	CONCORD	NH	03301
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
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Full Name	fy by name, address (phone number – optional)		
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Full Name	CITY A	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
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	of Any Connected O	rganization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Sponsor
	Asilia a Addus as	600 PENNSYLVANIA AVE SE		
IV	Mailing Address	UNIT 15180		
		WASHINGTON	, DC ,	20003
F	Relationship:	CITY ▲	STATE A	
	Connected C	Organization Affiliated Committee X	Joint Fundraising Represent	ative Leadership PAC Sponsor
Full	ated Agent: Identify but I Name	y name, address (phone number – optional		<u> </u>
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TI	TLE OR POSITION ▼	CITY A	STATE A	ZIP CODE ▲
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safety of Name of Deposit	or Other Depositorie deposit boxes or main of Bank, tory, etc. Mailing Address	s: List all banks or other depositories in what ains funds.	nich the committee deposi	ts funds, holds accounts, rents
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