FILED STATEMENT OF ORGANIZATION POLIFICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Amended Statement This is an (check one) Initial Statement COMMITTEE (PLEASE TYPE OR PRINT) Name / Mailing Address (Street, City, State, Zip Code) Business Telephone 25 (3/6) 2/5-4788 **CHAIRPERSON** (c) Home Telephone Name (3/6) 215-4788 Mailing Address (Street, City, State, Zip Code) Business Telephone TREASURER Name Home Telephone Mailing Address (Street, City, State, Zip Code) Cell Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

12/12/2022 (Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000