PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) WYOMING COUNTY DEMOCRATIC COMMITTEE 48 OATKA ST. ADDRESS (number and street) (Check if address is changed) WARSAW 14569 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jamarsh1967@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00532606 FEC IDENTIFICATION NUMBER > 3. X 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. Marsh, Jack, A., Mr., Type or Print Name of Treasurer Marsh, Jack, A., Mr., [Electronically Filed] 01 16 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	· · · · · · ·			Local 202-694-1100

	FEC For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	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. (Complinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Com	nmittee:	
(d)	×	, ,	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segrommittee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.		
	2. 3.		
	4.		

FEC Form 1 (Revised 02/2009)	 Page 3
Write or Type Committee Name	raye 3
WYOMING COUNTY DEMOCRATIC COMM	ITTEE
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Re	
	presentative, or readership i Ao oponsor
NONE	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraisin	ng Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and pos books and records. 	ition of the person in possession of committee
Marsh, Jack, A., Mr., Full Name	
48 Oatka St.	
Mailing Address	
, Warsaw	NY , 14569
Title or Position CITY	STATE ZIP CODE
Treasurer Telephone nu	umber 716 - 860 - 7450
3. Treasurer: List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer).	ne committee; and the name and address of
Full Name Marsh, Jack, A., Mr.,	
of Treasurer 48 Oatka St.	
Mailing Address	
Warsaw	NY 14569
CITY	NY 14569 - STATE ZIP CODE
Title or Position Treasurer Telephone nu	. 716 860 7450 .

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Appleton, Cynthia, M., ,	
Mailing Address	132 Jefferson St.	
	Warsaw NY 14569 CITY STATE ZII	P CODE
Title or Position Chairwoman	Telephone number	
Banks or Other safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds. Depository, etc.	accounts, rents
safety deposit box	xes or maintains funds.	accounts, rents
safety deposit box Name of Bank, D	Depository, etc. Genesee Valley Federal Credit Union	accounts, rents
safety deposit box Name of Bank, D	Depository, etc. Genesee Valley Federal Credit Union 445 N. Main St. Warsaw NY 14569	accounts, rents
safety deposit box Name of Bank, D	Depository, etc. Genesee Valley Federal Credit Union 445 N. Main St. Warsaw CITY STATE ZI	
safety deposit box Name of Bank, D Mailing Address	Depository, etc. Genesee Valley Federal Credit Union 445 N. Main St. Warsaw CITY STATE ZI	
safety deposit box Name of Bank, D Mailing Address	Depository, etc. Genesee Valley Federal Credit Union 445 N. Main St. Warsaw CITY STATE ZI	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Genesee Valley Federal Credit Union 445 N. Main St. Warsaw CITY STATE ZI	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Genesee Valley Federal Credit Union 445 N. Main St. Warsaw CITY STATE ZI	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

I have also sent a paper copy in the mail to your office.

Form/Schedule: Transaction ID: