Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Blue Majority Fund 336 East 117th st ADDRESS (number and street) (Check if address is changed) New york 10035 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS burnhamsebastian@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2017 C00634501 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. Burnham, Sebastian, , , Type or Print Name of Treasurer Burnham, Sebastian, , , [Electronically Filed] 03 2017 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne 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.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt 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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		T ago o
Blue Majority		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the pers	son in possession of committee
	m, Sebastian, , ,	
Full Name	₁ 336 East 17th st	
Mailing Address		
	NY NY NY	10035
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; a j., assistant treasurer).	nd the name and address of
	m, Sebastian, , ,	
of Treasurer	336 East 17th st	
Mailing Address		
	INIV	110025
	NY NY STATE	ZIP CODE
Title or Position	OIT STATE	ZII CODE
	Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
T. 5 14	CITY STATE	ZIP CODE
Title or Position		I-I I
	Telephone number	
• .	oxes or maintains funds.	
Name of Bank, Mailing Address	Chase	
	Chase 1775 Columbus Ave	ZIP CODE
	Chase 775 Columbus Ave New York NIV 10025	ZIP CODE
Mailing Address	Chase 775 Columbus Ave New York NIV 10025	ZIP CODE
Mailing Address	Chase 775 Columbus Ave New York CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	Chase 775 Columbus Ave New York CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	Chase 775 Columbus Ave New York CITY STATE Depository, etc.	ZIP CODE