Signature of Treasurer

For help completing Form 1, please double-click the (\*)) icon next to take number. 2011 MAR -8 PM 2: 36 STATEMENT OF FEC MAIL CENTER **FEC** ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bellavia for New York ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. William J. Hagan Type or Print Name of Treasurer

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.

Date

L	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	1	F	EC Fo	rm 1 (Revised 02/2009)	Page 2					
<b>(</b> )	5.	TYPE OF COMMITTEE  Candidate Committee:								
		(a)	didate	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.)						
		Name of Candidate		David Bellavia						
		Cand Party	idate Affiliati	on Office Sought: X House Senate President	State NY District 26					
		(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	***************************************					
		Name Cand								
		Part	y Con	nmittee:						
		(d)			nocratic, ublican, etc.) Party.					
		Polit	ical A	ction Committee (PAC):						
		(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:					
				Corporation Corporation w/o Capital Stock	bor Organization					
				Membership Organization Trade Association Co	operative					
				In addition, this committee is a Lobbyist/Registrant PAC.						
		(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreç committee. (i.e., nonconnected committee)	gated 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.)						
		Joint Fundralsing Representative:								
		(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political					
		(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political					
			Com	rnittees Participating in Joint Fundraiser						
			1.							
			2.	FEC ID number	The second second					
			3.		المستعدد المنافع من المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة ال					
			4.	FEC ID number 3 CF	The same of the same of the same of					

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Write or Type Committee Nar	me	
Bellavia for No	ew York	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leac	dership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
	·	
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in	possession of committee
lWillia	nm, J. Ḥagan	1
Full Name	Box 301, 8351 Lewiston Road #7	
Mailing Address		
	Batayia NY 14	020
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [585, ]	815, - 1944,
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name of Treasurer	am J. Hagan	
Mailing Address	Box 301, 8351 Lewiston Road #7	
	Batavia NY 14	020 ZIP CODE
Title or Position Treasurer	Telephone number 585, 1	815 _ 1044

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

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To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the () icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

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Postmark Illegible					
No Postmark					
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PREPARER (3/2005)	DATE PREPARED				
(3/2005)					