

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MC4BS

ADDRESS (number and street) 2540 clover st

(Check if address is changed)

rochester NY 14618  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) ddrahzal@rochester.rr.com

Optional Second E-Mail Address  
info@monroecountyforberniesanders.com

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.monroecountyforberniesanders.com

2. DATE 03 / 07 / 2016

3. FEC IDENTIFICATION NUMBER ▶ C C00614321

4. 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.

Type or Print Name of Treasurer ms dorothy drahzal

Signature of Treasurer ms dorothy drahzal [Electronically Filed] Date 04 / 08 / 2016

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.

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate Mr Bernie Sanders

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

(d)  This committee is a  (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 line 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 separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_

Write or Type Committee Name

MC4BS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name ms Maryagnes Lupien

Mailing Address 463 Parsells Ave

rochester

NY

14609

Title or Position

CITY

STATE

ZIP CODE

Chair/Principal Agen

Telephone number 585 - 409 - 4709

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ms dorothy drahzal

Mailing Address 2540 clover st

rochester

NY

14618

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 585 - 329 - 9531

Full Name of Designated Agent

Mr Ravi Hans Mangla

Mailing Address

7 George St

Fairport

NY

14450

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

585

507

1204

9. 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.

Genesee Co-op Federal Credit Union

Mailing Address

395 Gregory St

Rochester

NY

14620

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE