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STATEMENT OF **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. Citizens For A Brighter America PO Box 1035 ADDRESS (number and street) (Check if address is changed) New York 10003 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BrighterAmericaPAC@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2016 C00612960 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. Joshua Kaplan Type or Print Name of Treasurer Joshua Kaplan [Electronically Filed] 03 26 2016 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 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	e 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	/Damaau-+!-
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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 Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Rev	vised 02/2009)	Page <b>3</b>
Write or Type Committee		- 3
Citizens For	A Brighter America	
	cted Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Represen	tative Leadership PAC Sponsor
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the	person in possession of committee
	nua Kaplan	
Full Name	300 Mercer Street	
Mailing Address	<u> </u>	
	New York NY	10003
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name any designated agent (	ne and address (phone number optional) of the treasurer of the committe e.g., assistant treasurer).	e; and the name and address of
Full Name Josh	ua Kaplan	
Mailing Address	300 Mercer Street	
	New York	10003
Title or Desition	CITY STATE	ZIP CODE
Title or Position		-   -

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		ber	
safety deposit boxes or Name of Bank, Deposi	tory, etc.	oc doposits	
safety deposit boxes or Name of Bank, Deposi	r maintains funds.	i i i	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.  Bank		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.  Bank	NY	10003
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Bank  47 3rd Ave, New York,		
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Bank  47 3rd Ave, New York,  New York  CITY	NY	10003
Safety deposit boxes or Name of Bank, Deposition TD  Mailing Address  Name of Bank, Deposition	maintains funds.  tory, etc.  Bank  47 3rd Ave, New York,  New York  CITY	NY	10003
Safety deposit boxes or Name of Bank, Deposition TD  Mailing Address  Name of Bank, Deposition	maintains funds.  tory, etc.  Bank  47 3rd Ave, New York,  New York  CITY  tory, etc.  ase Bank	NY	10003
Safety deposit boxes or Name of Bank, Deposit LTD Mailing Address  Name of Bank, Deposit LCha	maintains funds.  tory, etc.  Bank  47 3rd Ave, New York,  New York  CITY  tory, etc.  ase Bank	NY	10003
Safety deposit boxes or Name of Bank, Deposit LTD Mailing Address  Name of Bank, Deposit LCha	maintains funds.  tory, etc.  Bank  47 3rd Ave, New York,  New York  CITY  tory, etc.  ase Bank	NY	10003

### : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı HSBÇ Bank Mailing Address 10003 New York CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

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Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. BNY Mellon Mailing Address 10286 New York CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 8 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı Wells, Fargo Mailing Address 10003 New York CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number