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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1		UNGAN	IZ-741 IV		CONFE	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		imple:If typing, type r the lines.	12FE4M5	IAIL CENTER
Woolf for	Cong	ress, Inc.	1.1.1.1			
		P.O. Box 2	248			
ADDRESS (number a	nd street)				- 	
(Check if a is changed)		Elizabethto)WN		NY	12932
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	S (Please provide only o	_	dress) nail.com		
COMMITTEE'S WEB	PAGE ADD					
(Check if is change		wqolffqrco	ngres	s.com		
2. DATE 02	2" ′ 18′	° ′ 20'14 °				
3. FEC IDENTIFIC	CATION NU	MBER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OF	. [AMENDED (A)		
I certify that I have o	examined thi	s Statement and to the	best of my	knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	Sue Mont	gome	ry Corey		
Signature of Treasure	er	Sull	h	\	Date Ö	2' °18' ~2014
NOTE: Submission of	·	•	•	spect the person signifier the DULD BE REPORTED WI		the penalties of 2 U.S.C. §437g.
Office Use				For further Information co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	F	FEC Fo	m 1 (Revised 02/2009)	Page 2					
5.	TYPE	E OF C	OMMITTEE						
	Cen	didate	Committee:						
	(a)	\times	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 Cand								
	Cand Party	lidate Affiliati	on DEM Office Sought: House Senate President	State NY District 21					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Cand								
	Part	y Con	mittee:						
	(d)		(National, State This committee is a 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 co	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 s committee. (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	raising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which in an authorized committee of a federal candidate.						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
		Com	mittees Participating in Joint Fundraiser						
		1.	FEC ID number C						
		2.	FEC ID number C						
		3.	FEC ID number C						
		4.							

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W	/rite or Type Committee N	lame
V	Voolf for Co	ngress, Inc.
6.	Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
N	lono	
	<u> 1016 </u>	
L		
	Mailing Address	
		CITY STATE ZIP CODE
	-	🗖
	Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
' .	Custodian of Records: books and records.	Identify by name, address (phone number - optional) and position of the person in possession of committee
	0	Mandaganana
	Full Name	Montgomery Corey
	Mailing Address	P.O. Box 248
		ıElizabethtown
	Tials as Danisias	
	Title or Position	CITY STATE ZIP CODE
	Treasurer	Telephone number
3.	Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and the name and address of g., assistant treasurer).
	Full Name of Treasurer	e Montgomery Corey
	Mailing Address	P.O. Box 248
		¡Elizabethtown , , , , , , , , , , , , , , , , , , ,
		CITY STATE ZIP CODE
	Title or Position	
ì		Telephone number [

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Full Name of Designated Agent			
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position	t.		
	Telephol	ne number	
safety deposit boxes or mair Name of Bank, Depository, e			holds accounts, rents
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.	1.1.1.1.1.1.1.1.1	
Mailing Address			
	СІТУ	STATE	ZIP CODE

(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail **Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED