RECEIVED FEC MAIL CENTER 2015 APR 16 AM 7: 53

Committee Name:

Tenants for Equality in Housing If registered, FEC ID:

Today's Date: 4/10/2015

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

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.

Respectfully submitted,

Treasurer's Name: Robert Galpern

, Treasurer

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STATEMENT OF ORGANIZATION

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			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
TENANTS FOR E	QUALITY IN HOUS	ING	
		╘──┴──┴──┴──┴──┴──┴──┴──┴──┴	
ADDRESS (number and street)	14 SAINT MAR	KS PLACE	
 (Check if address is changed) 	Unit 19B		
			NY 10003 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDI	RESS		
(Check if address is changed)	Tenantsforeg	<u>ualityinhousin</u>	gpac@gmail.com
	Optional Second E-Mail Ad	ldress	
		<u>, , , , , , , , , , , , , , , , , , , </u>	
COMMITTEE'S WEB PAGE A	ADDRESS (URL)		
 (Check if address is changed) 			
2. DATE 04 ′	[°] 10 ′ [°] 2015 [°]		
3. FEC IDENTIFICATION		. · · · ·	
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)	
I certify that I have examined	d this Statement and to the best	t of my knowledge and belief	t is true, correct and complete.
Tues of Drint Marco of Trass	_{urer} Robert Galp	arn	
Type or Print Name of Treas	Her <u>RODCIC Guip</u>		
Signature of Treasurer	and the		Date 04 '10 '2015
NOTE: Submission of false, en		a may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further Information Federal Election Commiss Toli Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1

FEC Form	1 ((Revised	02/2009)
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5.			DMMITTEE				
	Cano	didate	Committee:				
	(a)		This committee is a principal campa	ign committee. (Complete the	e candidate inform	nation below	.)
	(b)		This committee is an authorized com information below.)	nmittee, and is NOT a princip	bal campaign con	nmittee. (Cor	nplete the candidate
	Name Candi			<u>│_┤_↓.↓_</u> ↓_ <u>↓</u> _↓_↓_↓	<u></u>	<u> </u>	
	Candi Party	idate Affiliatio	n Office Sought:	House S	Senate	President	State District
	(c)		This committee supports/opposes or	nly one candidate, and is NO	T an authorized	committee.	
	Name Candi						
	Part	y Con	mittee:		• • • • • •		
	(d)		This committee is a	(National, State or subordinate) committe			(Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	·····			
	(0)		This committee is a separate segre	gated fund. (Identify connected	d organization on	line 6.) Its co	nnected organization is a:
			Corporation	Corporation w	/o Capital Stock		Labor Organization
			Membership Organization	Trade Associa	tion	•	Cooperative
			In addition, this comm	nittee is a Lobbyist/Registrant	PAC.		
	(f)	Х	This committee supports/opposes m committee. (i.e., nonconnected comm		ate, and is NOT	a separate s	segregated fund or party
			In addition, this committee is	a Lobbyist/Registrant PAC.			
			In addition, this committee is	a Leadership PAC. (Identify sp	consor on line 6.)		
	Joint	Fund	raising Representative:	· ·	· ·		
	(g)	·	This committee collects contributions, committees/organizations, at least on	pays fundraising expenses and e of which is an authorized co	nd disburses net p mmittee of a fede	proceeds for ral candidate	two or more political
	(h)		This committee collects contributions, committees/organizations, none of wh				wo or more political
		Com	mittees Participating in Joint Fund	draiser			
		1.			FEC ID numbe	er C	
		2.			FEC ID numbe	er C	
		3.			FEC ID numbe	er C	
		4.			FEC ID numbe	ər C	

FEC Form 1 (Revised 02/2009)

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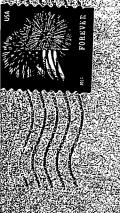
Write or Type Committee Name

NONE	6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Image: State of Pactors in Pactors (phone number - optional) and position of the person in possession of committee books and records: Full Name Image: State of Pactors in Pa	L	<u> 10115 </u>	
Image: State of Pactors in Pactors (phone number - optional) and position of the person in possession of committee books and records: Full Name Image: State of Pactors in Pa	L		
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		Mailing Address	
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			
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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			CITY STATE ZIP CODE
books and records. Full Name Mailing Address L		Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Mailing Address	7.		tify by name, address (phone number optional) and position of the person in possession of committee
Ittle or Position CITY STATE ZIP CODE		Full Name	
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 Robert Galpern Mailing Address 1:4: Saint Marks Place Unit 19B 1:0003 CITY STATE ZIP CODE		Mailing Address	
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any designated agent (e.g., assistant treasurer). Full Name of Treasurer Indexing Address Index Index Index			
of Treasurer Image: Interview of Treasurer Image: Interview of Treasurer Mailing Address Image: Interview of Treasurer Image: Interview of Treasurer Image: Interview of Treasurer Image: Intervited of Treasurer Image: I	8.		
Unit 19B [New York [New York CITY STATE ZIP CODE			t Galpern
New York NY 10003 - CITY STATE ZIP CODE		Mailing Address	14 Saint Marks Place
CITY STATE ZIP CODE			Unit 198
-	1		Telephone number 646 - 345 - 1869

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			<u></u>
Mailing Address			
	CITY		
Title or Position			
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 Banks or Other Deposition safety deposit boxes or 	sitories: List all banks or other depositories in which the comm maintains funds.	nittee depositi	s funds, holds accounts, rents
Name of Bank, Deposit			· · ·
L.		- 	
Mailing Address			
· .		<u></u>	
			└ <u>╷╷╷</u> ╷╷┙╸ <mark>└╷╷</mark> ╷╷
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		
Ch	ase Bank		
Mailing Address	270 Park Avenue	<u></u>	<u></u>
	[Floor 12]	<u> </u>	
	New York	NY	10017 - 2014
	CITY	STATE	ZIP CODE

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COMMARKS PROCE

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Federal Election Commis ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	· ·
Overnight Delivery Service (Specify):	Shipping Date
Nex	t Business Day Delivery
Received from House Records & Registration Of	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER (3/2015)	4/16/15 DATE PREPARED