FEC FORM 1

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STATEMENT OF ORGANIZATION

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Office Use Only

NAME OF COMMITTEE (in full)	(Check if r		ple:If typing, type he lines.	12FE4M5	ं ्र 5 २०२० - १ <u>८</u> ०
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2. DATE 04 26 20 1 2					
3. FEC IDENTIFICATION N	UMBER	(C) (1)	en o en mario. Por esta		
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 Chris Edes					
Signature of Treasurer		W		Date 0	4 26 2012
NOTE: Submission of false, erron	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 Use		- 1	For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.) Name of Candidate	i LO	Offil 1 (nevised 02/2009)
(a) X This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.) Name of Candidate Party Affiliation BB Office Sought: House X Senate Prosident District This committee supports/opposes only one candidate, and is NOT an authorized committee. (c) This committee is a committee in a committee of the Candidate Party Committee: (d) This committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation Corporation Corporation Corporation Corporation Corporation 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 of committee, (i.e., nenconnected 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: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C.		
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FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee N	ame	71
Commit	tee to Elect Chris Ed	des
	d Organization, Affiliated Committee, Joint Fundraising Representation	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Judoint Fundraising Represe	ntative [] Leadership PAC Sponso
tiæ.	• • • • • • • • • • • • • • • • • • •	
7. Custodian of Records:	Identify by name, address (phone number optional) and position of the	e person in possession of committee
books and records.		
Full Name C, h	ris Edes	<u> </u>
Mailing Address	[100,0, 2a,1,ei,9,h, 5,t]	
Walling / lauross		
	Rochester	[1,4,6,2,0]-
		-
Title or Position	CITY STATE	ZIP CODE
1,,,,,,,	Telephone number	5,8,5]-12,0,2]-17,74,1
		<u> </u>
 Treasurer: List the name any designated agent (e. 	and address (phone number optional) of the treasurer of the committing., assistant treasurer).	tee; and the name and address of
Full Name of Treasurer	ris Edes	
Mailing Address	1100 Raleigh St.	
	Rochester	146,20-
Tible of Decision	CITY STATE	ZIP CODE
Title or Position	Telephone number	585-202-7791

PM 3: 34 12 HAY 29

Washington, OC 2013 - 7578

PRIPTE PUBLIC RECORDS

the Senake

Chris Edes 100 Raleigh St. Rochester, NY 14620

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HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:	• .
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