FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Off the Sidelines PAC P.O. Box 78182 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS stefanie@sfconahan.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2014 C00525600 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Keith Lowey Type or Print Name of Treasurer Keith Lowey [Electronically Filed] 02 25 2014 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 2
TYP	E OF C	OMMITTEE	. 490 =
Car	ndidate	e Committee:	
(a)	Ш	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. (Corinformation below.)	nplete 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:	(Demogratic
(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 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)	X	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 Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t 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	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Off the Sidelines	s PAC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Kirsten E. Gillibrand	236 Massachusetts Ave. NE Suite 110 Washington DC 20002	
	Organization Affiliated Committee Joint Fundraising Representative X Lettify by name, address (phone number optional) and position of the person in position of the person	
Full Name Mailing Address	y 124 Washington St. Suite 101 Foxboro MA 02035	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 508	543 - 1720
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Keith Lower		
Mailing Address	124 Washington St.	
	Foxboro MA 02035	
Title or Position Treasurer	CITY STATE Telephone number 508	ZIP CODE 543 - 1720

1 20 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title on Desiries	CITY STATE	ZIP CODE
Title or Position	Telephone number	
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safety deposit be Name of Bank, I Mailing Address	Depository, etc. Bank of America 16 School Street	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America 16 School Street	ZIP CODE
Name of Bank, I	Bank of America 16 School Street Foxboro CITY STATE	ZIP CODE
Name of Bank, I	Bank of America 16 School Street Foxboro CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 16 School Street	
Name of Bank, I	Depository, etc. Bank of America 16 School Street	
Name of Bank, I	Depository, etc. Bank of America 16 School Street	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 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 Bank of America 201 Pennsylvania Ave SE Mailing Address 20003 DC Washington CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Empire Political Action Committee** P.O. Box 15033 Mailing Address Washington DC 20003 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [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)

FEC Form 1G (Revised 06/2011) Page 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 1753 Pinnacle Drive Mailing Address 22102 McLean CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Senators for Common Sense 20 W Maple Street Mailing Address 22301 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number