PAGE 1/6

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. Off the Sidelines PAC PO Box 78182 ADDRESS (number and street) (Check if address is changed) Washington 20013 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cjgrover@vlpc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2016 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. Lowey, Keith, , , Type or Print Name of Treasurer Lowey, Keith, , , [Electronically Filed] 12 15 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	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. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate y Affiliatio	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:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

EEC Form 1 (Dovisoo	1.02/2000)	Page 3
FEC Form 1 (Revised Write or Type Committee Nar		raye 3
Off the Sideline		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nin DAC Sponsor
_		iip r AC Spoilsoi
Gillibrand, Kirsten, E.	'' , , , , , , , , , , , , , , , , , , ,	
Mailing Address	126 C Street NW	
ag	2nd Floor	
	Washington DC 20001	
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative X Lea	dership PAC Sponsor
Custodian of Records: Identification books and records. Lowey, Full Name Mailing Address Title or Position Treasurer	124 Washington Street Suite 101 Foxboro CITY STATE	ZIP CODE 1720
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Lowey, K	Ceith, , ,	
Mailing Address	124 Washington Street	
	Suite 101	
	Foxboro	
Title or Decition	CITY STATE 2	ZIP CODE
Title or Position Treasurer		543 - 1720

FEC Form 1 (I	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		ius accounts, rents
Name of Bank, Depos		
Name of Bank, Depos	or maintains funds. sitory, etc. ank of America	
Name of Bank, Depos	or maintains funds. sitory, etc. ank of America 16 School Street	ZIP CODE
Name of Bank, Depos	or maintains funds. sitory, etc. ank of America 16 School Street Foxboro CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. ank of America 16 School Street Foxboro CITY STATE sitory, etc. malgamated Bank	
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. ank of America 16 School Street Foxboro CITY STATE sitory, etc. malgamated Bank	
Name of Bank, Depos Mailing Address Name of Bank, Depos Name of Bank, Depos	or maintains funds. sitory, etc. ank of America 16 School Street Foxboro CITY STATE sitory, etc. malgamated Bank	ZIP CODE

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 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 Gillibrand Victory Fund 124 Washington Street Mailing Address Suite 101 MA 02035 Foxboro **CITY** STATE 4 ZIP CODE Relationship: X 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)

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. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Empire Political Action Committee** PO Box 15033 Mailing Address 20003 Washington DC **CITY** STATE 4 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