**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. **Buffalo for Bernie Sanders** 404 Amherst Street ADDRESS (number and street) (Check if address is changed) Buffalo 14207 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS buffaloforbernie@gmail.com (Check if address is changed) Optional Second E-Mail Address |bmnowak@ymail.com COMMITTEE'S WEB PAGE ADDRESS (URL) buffaloforbernie.com (Check if address is changed) DATE 2016 C00609602 FEC IDENTIFICATION NUMBER > 3. X 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. Brian Nowak Type or Print Name of Treasurer Brian Nowak [Electronically Filed] 02 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

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	COMMITTEE			
Candidat	e Committee:			
(a)	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 of Candidate	Bernie Sanders			
Candidate	Office	State		
Party Affilia	tion Sought: House Senate President	District		
(c) X	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Co				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Political A	Action Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 so	egregated fund or party		
(1)	committee. (i.e., nonconnected committee)	ogrogatod fand of party		
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fun	draising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
Con	nmittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number C			
4.				

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Write or Type Committee I		· ·
Buffalo for Be	ernie Sanders	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
Brian Full Name	Nowak	
Mailing Address	404 Amherst	
	Buffalo	14207
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	716 - 400 - 4921
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the comming., assistant treasurer).	ittee; and the name and address of
Full Name Brian of Treasurer	Nowak	
Mailing Address	404 Amherst	
	Buffalo	14207
Title or Position	CITY STATE	
Treasurer	Telephone number	716 400 4921

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Full Name of Designated Agent Jame	es Herrmann					
Mailing Address	404 Amherst Street					
	Buffalo	NY 142 STATE	207 ZIP CODE			
Title or Position Assistant Treasurer		elephone number 716	-   400   -   4921			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  First Niagara, N.A.						
Mailing Address	1675 Walden Avneue					
	Cheektowaga	NY 142	225			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY	STATE	ZIP CODE			