Only

STATEMENT OF

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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. Defeat By Tweet 107 Grand Street ADDRESS (number and street) Floor 7 (Check if address is changed) New York 10013 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hello@defeatbytweet.org (Check if address X is changed) Optional Second E-Mail Address Darryl@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.defeatbytweet.org (Check if address is changed) DATE 20 2020 C00749143 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. Schultz, Alexander, , , Type or Print Name of Treasurer Schultz, Alexander, , , [Electronically Filed] 07 20 2020 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

Local 202-694-1100

information below.) Name of Candidate Candidate Party Affiliation Candidate President Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In a						
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Party Affiliation						
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2. FEC ID number						
3. FEC ID number		FEC ID number				
4.						

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Write or Type Committee N		
Defeat By Tw	veet	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Schuli Full Name	tz, Alexander, , ,	
	107 Grand Street	
Mailing Address	Floor 7	
	New York NY 1	0013
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number]-[
. Treasurer : List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Schult of Treasurer	z, Alexander, , ,	
Mailing Address	107 Grand Street	
	Floor 7	
	New York CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number]-[

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Full Name of Designated Tate Agent	ttrie, Darryl, , ,						
Mailing Address	107 Grand St						
	Floor 7						
	New York CITY	NY 1	0013 ZIP CODE				
Title or Position Assistant Treasurer		elephone number	J- <u> </u>				
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.							
Ar	malgamated Bank						
Mailing Address	10 E 14th St						
	New York	NY L1	0003				
	CITY	STATE	ZIP CODE				
Name of Bank, Depos	sitory, etc.						
L							
Mailing Address							
	CITY	STATE					