Only

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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. SANDRA CHOI FOR CONGRESS PO BOX 545404 ADDRESS (number and street) (Check if address is changed) **FLUSHING** 11354 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SANDRACHOIFORNEWYORK@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2019 C00711168 FEC IDENTIFICATION NUMBER > 3. 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. CHOI, SANDRA, , , Type or Print Name of Treasurer CHOI, SANDRA,,, [Electronically Filed] 07 05 2019 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

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) CHOI, SANDRA, , ,	olete the candidate
Cano	didate		
	didate / Affiliati	on DEM Office Sought: X House Senate President	State NY District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of lidate		
Pari	ty Con	nmittee: (National, State	Democratic,
(d)		· · · · · ·	Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	1		

FFO Forms 4 (Decise of	03/0900		Daws 2
FEC Form 1 (Revised Write or Type Committee Nam			Page 3
	I FOR CONGRESS		
	Organization, Affiliated Committee, Joint Fundraising	Representative, or Leadersh	ip PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE Z	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundra	raising Representative Lead	dership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and	position of the person in poss	ession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE Z	ZIP CODE
	Telephone	e number	
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer assistant treasurer).	of the committee; and the nam	ne and address of
Full Name CHOI, SA of Treasurer	NDRA, , ,		1
	PO BOX 545404		
Mailing Address			
	FLUSHING	NY 11354	
	CITY		IP CODE
Title or Position		. 347 28	86 1140
	Telephone	e number	

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Full Name of Designated Agent	<u> </u>	
Mailing Address		
. ₃		
	CITY STATE ZI	IP CODE
Title or Position		
	Telephone number	
Name of Bank, I		
Mailing Address	Amalgamated Bank 275 Seventh Avenue NEW YORK NY 10001	. 1_1
	Amalgamated Bank 275 Seventh Avenue NEW YORK NY 10001	IP CODE
	Amalgamated Bank 275 Seventh Avenue NEW YORK CITY STATE Z	IP CODE
Mailing Address	Amalgamated Bank 275 Seventh Avenue NEW YORK CITY STATE Z	IP CODE
Mailing Address	Amalgamated Bank 275 Seventh Avenue NEW YORK CITY STATE Z	IP CODE
Mailing Address Name of Bank, I	Amalgamated Bank 275 Seventh Avenue NEW YORK CITY STATE Z	IP CODE
Mailing Address Name of Bank, I	Amalgamated Bank 275 Seventh Avenue NEW YORK CITY STATE Z	IP CODE