

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Carlina for New York

ADDRESS (number and street) 335 E 14th St
 (Check if address is changed) Box 1462
New York NY 10009
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) community@carlinarivera.com

Optional Second E-Mail Address jamie@carlinarivera.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) https://www.carlinarivera.nyc/

2. DATE 05 / 20 / 2022

3. FEC IDENTIFICATION NUMBER C C00815795

4. 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.

Type or Print Name of Treasurer Loeb, Kathryn, , ,

Signature of Treasurer Loeb, Kathryn, , , [Electronically Filed] Date 05 / 20 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate 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 Rivera, Carlina, , ,

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State AL AK AZ AR CA CO CT DE DC FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 1 2 3 4 5 6 7 8 9 10 11 12

- (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 _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
- (g) This committee is an independent expenditure-only political committee (Super PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____
2. _____

C _____

C _____

Write or Type Committee Name

Carlina for New York

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Grid lines for organization name entry

Mailing Address

Grid lines for mailing address entry

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Rogers, James, , ,

Full Name

Grid lines for full name entry

Mailing Address

335 E 14th St.

Box 1462

New York

NY

10009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Officer

Telephone number

917

224

0766

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Loeb, Kathryn, , ,

Full Name of Treasurer

Grid lines for full name entry

Mailing Address

335 E 14th St.

Box 1462

New York

NY

10009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

610

574

2364

Full Name of Designated Agent Rogers, James, , ,

Mailing Address 335 E 14th St. Box 1462 New York NY 10009 CITY STATE ZIP CODE

Title or Position Officer Telephone number 917 224 0766

9. 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.

Lower East Side People's Federal Credit Union

Mailing Address 37 Avenue B New York NY 10009 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE