

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 AUG 10 PM 12:09

Office Use Only

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

12FE4M5

S, v, i, t, a, v, s, k, y, F, o, r, S, e, n, a, t, e

ADDRESS (number and street)

3, 3, 4, C, r, o, w, n, P, o, i, n, t, R, d.

(Check if address is changed)

B, r, i, d, g, e, P, o, r, t

CITY

V, T

STATE

0, 5, 7, 3, 4

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

08 / 02 / 2017

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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 N/A

Signature of Treasurer

Date

MM / DD / YYYY

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201708100200246043

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 J o n S v i t a v s k y

Candidate Party Affiliation Dem Office Sought: House Senate President State 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 (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

201708180200246044

Write or Type Committee Name

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

Grid for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Grid for Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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.

Full Name | J, o, n, S, v, i, t, a, v, s, k, y

Mailing Address | 3, 3, 4, C, r, o, w, n, P, o, i, n, t, R, d

Grid for Mailing Address

B, r, i, d, g, e, P, o, r, t | V, t | 0, 5, 7, 3, 4

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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).

Full Name of Treasurer | N / A

Mailing Address

Grid for Mailing Address

Grid for Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

201708100200248045

Full Name of Designated Agent

N / A

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

N / A

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

N / A

Mailing Address

CITY

STATE

ZIP CODE

201708100200246046

5(g) or (h). Joint Fundraising Participant:

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____

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

N / A _____
N / A _____

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name **N / A** _____
 Mailing Address **N / A** _____
N / A _____
N / A _____ **N / A** STATE ▲ **N / A** - **N / A** ZIP CODE ▲
 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
N / A _____ Telephone Number **N / A** - **N / A** - **N / A**

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. **N / A** _____
 Mailing Address **N / A** _____
N / A _____
N / A _____ **N / A** STATE ▲ **N / A** - **N / A** ZIP CODE ▲

201708100200246047

201708160200248048

Don Suitsavsky
334 Crown Point Rd
Bridport, VT 05734

GREENSBORO NC 274
PIEDMONT TRIAD AREA
03 AUG 2017 PM 7 L

Secretary of the Senate
Office of Public records
232 Hart Senate Office Bui.
Washington, DC 20510-7116

20510-7116



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 08/10/17
Date of Receipt

08/03/17
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

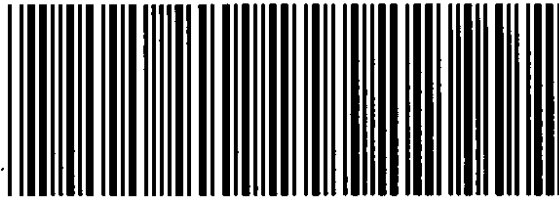
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MH DATE PREPARED 08/10/17

201708100200246049



SEN PATCH



SEN PATCH

201708100200246050