

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
FEC MAIL CENTER  
2017 SEP 18 AM 7:06

Office Use Only

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

12FE4M5

KINGS COUNTY REPUBLICAN REPUBLICAN PARTY COUN  
TY COMMITTEE

ADDRESS (number and street)

229-86TH STREET

- ☐ (Check if address is changed)

BROOKLYN

CITY ▲

NY

STATE ▲

11209

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CASEYMCBRI@GMAIL.COM

- ☐ (Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

BROOKLYNSOP.ORG

2. DATE

09 / 12 / 2017

3. FEC IDENTIFICATION NUMBER ►

C

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

THOMAS A. MCCARTHY

Signature of Treasurer

*Thomas A. McCarthy*

Date

09 / 12 / 2017

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)

2017-09-18 03:00:17 41669

## 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

Candidate Party Affiliation

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 COUNTY (National, State or subordinate) committee of the REPUBLICAN (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="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

2017-09-18-03:00:17-167

Write or Type Committee Name

KINGS COUNTY REPUBLICAN PARTY COUNTY COMMITTEE

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

REPUB  
NEW YORK REPUBLICAN STATE COMMITTEE

Mailing Address

315 STATE STREET

ALBANY

NY

12210-

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

THOMAS A MCCARTHY

Mailing Address

229-86TH STREET

BROOKLYN

NY

11209-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

917-747-5083

## 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

THOMAS A MCCARTHY

Mailing Address

229-86TH STREET

BROOKLYN

NY

11209-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

917-747-5083

2017-09-18 AM 00:17:41:68

Full Name of  
Designated  
Agent

Mailing Address

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

SIGNATURE BANK

9003-3RD AVENUE

BROOKLYN

NY

11209

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

2017-09-18 09:00:17 1699

Along County Road lead to  
25-6674 about  
8 days, or 11/209

FEDERAL ELECTION COMMISSION  
999 E-STREET NW  
WASHINGTON, DC 20563

[illegible]

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)



9/18/17  
DATE PREPARED

2017-09-18 00:17:41