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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. Vinnie For Congress 8901 Shore Road ADDRESS (number and street) Apt 7E (Check if address is changed) Brooklyn 11209 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS npopolo@aol.com (Check if address is changed) Optional Second E-Mail Address vinnie4congress@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.vinnieforcongress.com (Check if address is changed) DATE 04 2015 C00573675 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. Nick Popolo Type or Print Name of Treasurer Nick Popolo [Electronically Filed] 03 05 2015 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 Only Local 202-694-1100

| F                                 | EC Fo     | orm 1 (Revised 02/2009)  | Page <b>2</b>                            |  |  |  |  |
|-----------------------------------|-----------|--|--|--|--|--|--|
| TYPE OF COMMITTEE                 |           |  |  |  |  |  |  |
| Cano                              |           | e Committee:   |  |  |  |  |  |
| (a)                               | X         | 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. (Cominformation below.)  | plete the candidate                      |  |  |  |  |
| Name<br>Candi                     |           | Vincent Gentile  |  |  |  |  |  |
| Candio                            | date      | Office   | State                                    |  |  |  |  |
|                                   | Affiliati | DEM Sines  | District 11                              |  |  |  |  |
| (c)                               |           | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |  |
| Name<br>Candid                    |           |  |  |  |  |  |  |
| Party                             | / Con     | nmittee:   |  |  |  |  |  |
| (d)                               |           | · · · · ·  | (Democratic,<br>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 part 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                             | Func      | draising Representative:   |  |  |  |  |  |
| (g)                               |           | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.        |  |  |  |  |  |  |
|                                   |           |  |  |  |  |  |  |
|                                   | 2.        | C Prec in number   |  |  |  |  |  |
|                                   | 3.        | FEC ID number  |  |  |  |  |  |
|                                   | 4.        |  |  |  |  |  |  |

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|--|--|------------------------|
| Write or Type Committee Nam  |  |                        |
| Vinnie For Con   | gress  |                        |
|  | Organization, Affiliated Committee, Joint Fundraising Representative, or Leader                      | rship PAC Sponsor      |
| NONE   |  |                        |
|  |  |                        |
| Mailing Address  |  |                        |
| Mailing Address  |  |                        |
|  |  |                        |
|  | CITY STATE   | ZIP CODE               |
| Relationship: Connecte   | d Organization Affiliated Committee Joint Fundraising Representative L                               | eadership PAC Sponsor  |
| <ol> <li>Custodian of Records: Ide books and records.</li> </ol>   | ntify by name, address (phone number optional) and position of the person in po                      | ossession of committee |
| Nick Popo  | olo  |                        |
| Full Name  | 41 Challenger Dr   |                        |
| Mailing Address  |  |                        |
|  | Staten Island NY 10312   |                        |
|  |  |                        |
| Title or Position  | CITY STATE   | ZIP CODE               |
| Treasurer  |  | 701   3416             |
| 8. <b>Treasurer</b> : List the name ar any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the nassistant treasurer). | ame and address of     |
| Full Name Nick Popo  | olo  |                        |
| of Treasurer   | 41 Challenger Dr   |                        |
| Mailing Address  |  |                        |
|  | Staten Island   NY   10312   |                        |
|  | CITY STATE   | ZIP CODE               |
| Title or Position Treasurer  |  | 701 - 3416             |

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|---|--|--------------|-----------------|--|--|--|--|
|   |  |              |                 |  |  |  |  |
| Full Name of Designated Agent John Ma   | ncuso                                    |              |                 |  |  |  |  |
| Mailing Address   | 53 Foch Ave                              |              |                 |  |  |  |  |
|   | Staten Island CITY                       | NY 10        | 305<br>ZIP CODE |  |  |  |  |
| Title or Position   |  | phone number | -               |  |  |  |  |
| 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. |  |              |                 |  |  |  |  |
| Empir   | re State Bank<br>1361 North Railroad Ave |              |                 |  |  |  |  |
| Mailing Address   | 1001 Notur Namodu Ave                    |              |                 |  |  |  |  |
|   | Staten Island                            | NY 10        | 306             |  |  |  |  |
|   | CITY                                     | STATE        | ZIP CODE        |  |  |  |  |
| Name of Bank, Depository,   | Name of Bank, Depository, etc.           |              |                 |  |  |  |  |
|   |  |              |                 |  |  |  |  |
| Mailing Address   |  |              |                 |  |  |  |  |
|   |  |              |                 |  |  |  |  |
|   |  |              |                 |  |  |  |  |
|   | CITY                                     | STATE        |                 |  |  |  |  |