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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. Bob Wyman for Congress 203 W 85th Street ADDRESS (number and street) PH2 (Check if address is changed) New York 10024 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@bobwymanforcongress.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) bobwymanforcongress.us (Check if address is changed) DATE 2020 C00739201 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. Wyman, Robert, Mark,, Type or Print Name of Treasurer Wyman, Robert, Mark, , [Electronically Filed] 02 2020 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

FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE OF C	COMMITTEE	
Candidate	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. (Compinformation below.)	lete the candidate
Name of Candidate	Wyman, Robert, Mark (Bob), ,	
Candidate	Office DEM Sought: X House Senate President	State
Party Affiliat	tion DEM Sought: X House Senate President	District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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)	regated 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.)	
Joint Fund	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	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of corbooks and records. Wyman, Robert, Mark, , Full Name 203 W 85th Street Mailing Address PH2 New York Title or Position CITY STATE ZIP CODE Candidate Telephone number 646 - 644 - 4 Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 203 W 85th Street Mailing Address PH2 New York NY 10024	FEC Form 1 (Revise	d 02/2009)	Page 3
NONE Mailing Address Mailing Address City State zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Spon NONE City State zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Now Records: Identify by name, address (phone number optional) and position of the person in possession of corbooks and records. Wyman, Robert, Mark, Full Name Mailing Address PH2 New York Title or Position City State zip Code Candidate Telephone number 646 644 4 Telephone number 646 644 4 Telephone number 646 644 4 Telephone number 646 7 Telephone nu	Write or Type Committee Na	me	-
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CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC 3 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of corbooks and records. Wyman, Robert, Mark, , Full Name Vork NY 10024 New York NY 10024 Title or Position CITY STATE ZIP CODE Candidate Telephone number 446 - 644 - 4 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of Treasurer Vyman, Robert, Mark, , Of Treasurer Mailing Address PH2 New York Name Vyman, Robert, Mark, , Of Treasurer Name Nobert, Mark, , Of Treasurer Name Nobert, Mark, , Of Treasurer Name Nobert, Mark, , New York Name Nobert, Mark, , Of Treasurer Name Nobert, Mark, , Of Treasurer Name Nobert, Mark, , New York Name Nobert, Mark, ,	NONE		
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Mailing Address PH2 New York NY 10024 Title or Position CITY STATE ZIP CODE Candidate Telephone number G46 G44 Telephone number G46 G44 Telephone number G46 G44 Telephone number G46 G47 G47 G48 G48 G48 G48 G49 G48 G49 G49	1 -	, Robert, Mark, ,	
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Title or Position CITY STATE ZIP CODE Candidate Telephone number G46 G44 Telephone number Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Wyman, Robert, Mark, , of Treasurer Mailing Address PH2 New York NY 10024	Maining Address	PH2	
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Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address Vyman, Robert, Mark,, PH2 New York New York New York New York New York	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer). Full Name	Candidate		646 - 644 - 4420
of Treasurer Mailing Address PH2 New York NY 10024			e; and the name and address of
New York NY 10024		, Robert, Mark, ,	
New York NY 10024	Mailing Address		
		[PH2	
CITY STATE 7IP CODE			
Title or Position		CITY STATE	ZIP CODE 646 644 4420

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
Name of Bank, I		
	Depository, etc. Amalgamated Bank 52 Broadway	
Name of Bank, I	Depository, etc. Amalgamated Bank 52 Broadway	
Name of Bank, I	Depository, etc. Amalgamated Bank 52 Broadway New York NY 10004	IIP CODE
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