Only

STATEMENT OF

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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. Roger Misso for Congress PO BOX 2632 ADDRESS (number and street) (Check if address is changed) Liverpool 13089 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dacey@tmwcompliance.com (Check if address is changed) Optional Second E-Mail Address marina@tmwcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://rogermisso.com (Check if address is changed) DATE 25 2019 C00701227 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. Montoya, Dacey, , , Type or Print Name of Treasurer Montoya, Dacey, , , [Electronically Filed] 10 25 2019 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

Local 202-694-1100

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		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Name Candid		Misso, Roger, , ,	
Candid Party /		on DEM Office Sought: X House Senate President	State NY District 24
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	/ Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		
Roger Misso	for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
Monto Full Name	oya, Dacey, , ,	
Mailing Address	PO Box 97241	
	Phoenix AZ	85060
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	602 - 228 - 8902
. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the commit- .g., assistant treasurer).	tee; and the name and address of
Full Name Monto of Treasurer	ya, Dacey, , ,	
Mailing Address	PO Box 97241	
	Phoenix	85060
Title or Position	CITY STATE	ZIP CODE 602 228 8902
	Telephone number	

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Full Name of Designated Agent	Drennan, Amy, , ,	
Mailing Address	PO Box 97241	
	Phoenix CITY STATE ZI	P CODE
Title or Position Assistant Treasure	rer Telephone number	
Banks or Other D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW Washington DC 20006	IP CODE
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	IP CODE
safety deposit boxe Name of Bank, De Mailing Address	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	IP CODE
safety deposit boxe Name of Bank, De Mailing Address	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Zepository, etc.	
Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Zepository, etc.	
Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. epository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Zepository, etc.	