

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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2026 JUN 30 AM 11:06

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NEW YORK STATE NURSES ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 131 WEST 33RD ST

(Check if address is changed)

NEW YORK CITY ▲ NY STATE ▲ 10001 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) JOHN.BARRETT@NYSNA.ORG

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 06/24/2012

3. FEC IDENTIFICATION NUMBER ► C00668731

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 MICHELLE JONES

Signature of Treasurer *Michelle Jones* Date 06/24/2012

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.

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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 _____ (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. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

NEW YORK STATE NURSES ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE

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

NEW YORK STATE NURSES ASSOCIATION

Mailing Address

131 WEST 33RD STREET

NEW YORK

CITY

NY

STATE

10001

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

JOHN BARRETT

Mailing Address

155 WASHINGTON AVE

ALBANY

CITY

NY

STATE

12210

ZIP CODE

Title or Position

DIRECTOR OF FINANCE

Telephone number

518

782

9400

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

MICHELLE JONES

Mailing Address

19 ALGONQUIN DR

HUNTINGTON STATION

CITY

NY

STATE

11746

ZIP CODE

Title or Position

TREASURER

Telephone number

917

494

10591

NONPROFIT ORGANIZATION

Full Name of Designated Agent

MICHELLE CRENTSIL

Mailing Address

131 WEST 33RD ST

NEW YORK

CITY

NY

STATE

10001

ZIP CODE

Title or Position

DEPUTY EXECUTIVE DIRECTOR

Telephone number

518

782

9400

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.

ALMAGAMATED BANK

Mailing Address

52 BROADWAY

NEW YORK

CITY

NY

STATE

10004

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

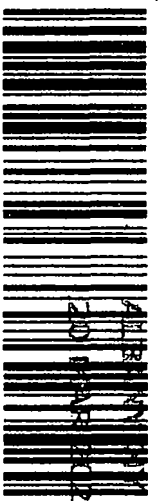
NONDISCRIMINATION NOTICE

New York State
Nurses
ASSOCIATION

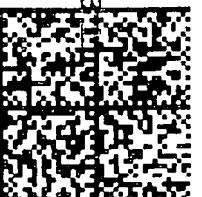
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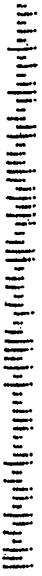
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

PREPARER *SPM*
 (4/2023)

DATE PREPARED 3/30/26

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