FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	RGANIZA (See instruction										
		(See instruction	.s)					Offic	ce use only	у		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: over the li	If typying, typones	е	12FE	E4M5					
Excelsior Cor	mmittee				11		ш	11				ш
							ш		ш			لــــــــــــــــــــــــــــــــــــــ
ADDRESS (number and	461 l	Park Avenue Sou	ıth			1 1	ш					لــــا
(Check if add	FI 9	1 1 1 1 1 1		1 1 1 1	1 1	1 1	1 1	1 1	1 1 1		1 1	لب
is changed)		York				ŅY]	L	1001	6		
			CITY▲		;	STATE	•		ZIP	CODE	•	
COMMITTEE'S E-MA												
agiard@spitz						ш	ш	щ	ш			Ш
			шш			ш	ш	ш	للل		ш	
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)										
http://www.e	xcelsiorcommitte	e.com/		1 1 1 1								لب
	<u> </u>	11111		1111	1 1	1 1	1 1	1 1	1 1 1		1 1	لــــــــــــــــــــــــــــــــــــــ
COMMITTEE'S FAX 2129792607	<u> </u>											
2. DATE 0	5 0 2 Y	2007										
3. FEC IDENTIFIC	ATION NUMBER		C C00433	037								
4. IS THIS STATE	MENT X NEV	/ (N) OR		AMENDED (A	A)							
I certify that I have exan	nined this Statement and	to the best of my know	vledge and beli	ef it is true, cor	rect and	comple	te					
Type or Print Name o	f Treasurer	lerry Barbanel										
										, ,		
Signature of Treasure	er Electronically File	d by Jerry Barb	anel		_ [ate	0	5	02	/ Y	20	0 7
NOTE: Submission of fa	alse, erroneous, or incor	nplete information may							of 2 U.S.C	C. S437	g.	
Office			For f	further informa	ation co	ntact:						
Use Only			Fede Toll I	eral Election Co Free 800-424-9 I 202-694-110	mmissio 9530				FEC (Revise	FORI ed 02/20		

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5.	TYPE OF COMMITTEE (Check One)							
	(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							
	Party Affiliation Sought: House Senate President	State District						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate							
		nocratic, ublican,etc.) Party.						
	(e) This committee is a separate segregated fund							
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party						
6.	Name of Any Connected Organization or Affiliated Committee							
l	NONE	.						
 		.						
	Mailing Address							
	1							
	CITY▲ STATE A ZI	IP CODE A						
	Relationship							
	Type of Connected Organization:							
	Corporation Corporation w/o Capital Stock Labor Organization	١						
	Membership Organization Trade Association Cooperative							

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Vrite or Type C	Committee Name			
Excelsion	r Committee			
	of Records: Identify by n of Committee books a	• ••	ber optional), and position of the	ne person in
Full Name	Allyson Giard			
Mailing Addr	ress	461 Park Avenue Sou	th	
		FI 9		
		New York		10016
Title or Posit	tion 🔻	CITY A	STATE▲	ZIP CODE A
	Assistant Treasu	rer	212 Telephone number	286 2010
of Treasurer Mailing Addr		461 Park Avenue Sou	th	
		FI 9		
		FI 9 New York	NY	10016
Title or Posit	 tion ∀	-	NYSTATE▲	10016 ZIP CODE ▲
Title or Posit	tion ♥ Treasurer	New York		ZIP CODE A
Full Name of Designated Agent	Treasurer	New York	STATE A	ZIP CODE A
Full Name of Designated	Treasurer f Allyson Giard	New York	STATE ▲ Telephone number 212	ZIP CODE A
Full Name of Designated Agent	Treasurer f Allyson Giard	New York CITY A	STATE ▲ Telephone number 212	ZIP CODE A
Full Name of Designated Agent	Treasurer f Allyson Giard	New York CITY A 461 Park Avenue Sou	STATE ▲ Telephone number 212	ZIP CODE ▲
Full Name of Designated Agent	Treasurer f Allyson Giard ress	New York CITY A 461 Park Avenue Sou	Telephone number 212	ZIP CODE ▲
Full Name of Designated Agent Mailing Addr	Treasurer f Allyson Giard ress	New York CITY A 461 Park Avenue Sou FI 9 New York CITY A	Telephone number 212 th	ZIP CODE A

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•	·	counts, rents
Name of Bank, Depository, etc.		
North F	ork Bank	
Mailing Address	424 Madison Avenue	
	FI 2	
	New York NY 1	10017 -
	Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	safety deposit boxes or maintains funds. Name of Bank, Depository, etc. North Fork Bank 424 Madison Avenue FI 2

STATE ∠

ZIP CODE △

CITY 🗷