**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Schumer 192 Lexington Avenue ADDRESS (number and street) **Suite 1001** (Check if address is changed) New York 10016 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address nkutryb@chuckschumer.com is changed) Optional Second E-Mail Address cjgrover@vlpc.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.chuckschumer.com (Check if address is changed) DATE 2024 C00346312 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Dimas, Constantine,, Dimas, Constantine, , , Date 05 07 2024 Signature of Treasurer 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. 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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	TYPE OF COMMITTEE:						
	Candidate 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. (Complete the candidate information below.)						
	Name of Candidate Schumer, Charles, E., ,						
	Candidate Party Affiliation  DEM  Office Sought: House  X Senate President						
	(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 Republican,						
	Political Action Committee (PAC):						
	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:					
	Corporation Corporation w/o Capital Stock Labor Or	ganization					
	Membership Organization Trade Association Cooperat	ive					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	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.)						
	(g) This committee is an independent expenditure-only political committee (Super PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint Fundraising Representative:						
	(i) 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.						
	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						

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٧	Vrite or Type Committee Name					
_	Friends of Schu					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Schumer Majority Committee					
	Mailing Address	600 Pennsylvania Ave, SE				
		Suite 15180				
		Washington	DC	20003		
		CITY A	STATE	▲ ZIP CODE ▲		
	Deletionship: Connected					
	Relationship: Connected	Affiliated Organization	X Joint Fundraising Repres	Leadership PAC Sponso		
_						
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number opt	ional) and position of the pe	erson in possession of committee		
	D' 0a	and a street				
	Full Name	onstantine, , ,				
	Mailing Address	192 Lexington Ave.				
	Ü	Suite 1001				
		New York	, NY	10016		
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲		
	Treasurer	I	Talambana mumahan	212   532   2266		
			Telephone number			
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).					
		onstantine, , ,				
	of Treasurer	400 Laviantes Aus				
	Mailing Address	192 Lexington Ave.				
		Suite 1001				
		New York	NY			
		CITY ▲	STATE	▲ ZIP CODE ▲		
	Title or Position ▼	-	- <del></del>			
	Treasurer		Telephone number	212 - 532 - 2266		

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Full Name of Designated Agent Mailing Address	Goldenkranz, Steven, D., ,  192 Lexington Ave.  Suite 1001  New York  NY  10016  CITY  STATE  ZI	P CODE A				
Title or Position						
Assistant Treasur	rrer Telephone number 212 - 53	2 2266				
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.	ccounts, rents				
Name of Bank, Depository, etc.						
Mailing Address	Amalgamated Bank    1825 K St, NW	P CODE A				
Name of Bank, Depository, etc.						
	Janney Montgomery Scott, LLC					
Mailing Address	1717 Arch Street					
	Philadelphia PA 19103					
	CITY ▲ STATE ▲ ZI	P CODE ▲				