

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

MATRIARCH POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

5511 BROADWAY

☐ (Check if address is changed)

LANCASTER

CITY ▲

NY

STATE ▲

14086

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

AMY@PROGRESSIVESCONSULTING.COM

Optional Second E-Mail Address

info@matriarchpac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.matriarchpac.com

2. DATE

09 / 10 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00681494

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 Vilela, Amy, , ,

Signature of Treasurer

Vilela, Amy, , ,

[Electronically Filed]

Date

09 / 10 / 2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

Candidate
Party AffiliationOffice
Sought:

1

House

9

Senate

9

President

State



District



- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate[illegible]

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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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. | <div></div> | FEC ID number | <div></div> |
| 2. | <div></div> | FEC ID number | <div></div> |
| 3. | <div></div> | FEC ID number | <div></div> |
| 4. | <div></div> | FEC ID number | <div></div> |

Write or Type Committee Name

MATRIARCH POLITICAL ACTION COMMITTEE**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

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

Konst, Nomiki, , ,

Mailing Address

5511 Broadway

Lancaster

NY

14086

Title or Position

CITY

STATE

ZIP CODE

Board Director

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).Full Name
of Treasurer

Vilela, Amy, , ,

Mailing Address

5511 Broadway

Lancaster

NY

14086

Title or Position

CITY

STATE

ZIP CODE

Telephone number

702

329

3747

Full Name of
Designated
Agent

Konst, Nomiki, , ,

Mailing Address

5511 Broadway

Lancaster

CITY

NY

STATE

14086

ZIP CODE

Title or Position
Board Director

Telephone number

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.

Amalgamated Bank

Mailing Address

52 Broadway

New York

CITY

NY

STATE

10004

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE