

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

Faso Victory Committee

ADDRESS (number and street) PO Box 448

(Check if address is changed)

Kinderhook NY 12106
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

lauraschwartz99@gmail.com

Optional Second E-Mail Address
lauschw@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 21 / 2016

3. FEC IDENTIFICATION NUMBER C C00622100

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 Laura Schwartz

Signature of Treasurer Laura Schwartz [Electronically Filed] Date 07 / 21 / 2016

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.

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. **FASO FOR CONGRESS** _____ FEC ID number **C** C00580415
2. **NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE** _____ FEC ID number **C** C00055582
3. **NRCC** _____ FEC ID number **C** C00075820
4. _____ FEC ID number **C**

Write or Type Committee Name

Faso Victory 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 Laura Schwartz

Mailing Address 55 Overlook Dr.

Ridgefield CT 06877

Ridgefield CT 06877

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 203 - 241 - 5130

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 Laura Schwartz

Mailing Address 55 Overlook Dr.

Ridgefield CT 06877

Ridgefield CT 06877

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 203 - 241 - 5130

Full Name of Designated Agent Christina Sofia-Comer

Mailing Address 38 Condon Road Stillwater NY 12170-3962

Title or Position Finance Director Telephone number 518-369-3962

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.

Wells Fargo

Mailing Address 262 Katonah Ave. Katonah NY 10536

Name of Bank, Depository, etc.

Mailing Address