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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. BADRUN FOR CONGRESS 5907 175TH PLACE ADDRESS (number and street) STE PH (Check if address is changed) FRESH MEADOWS 11365 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BADRUNFORCONGRESS@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00709527 FEC IDENTIFICATION NUMBER > 3. X 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. GLIBOFF, HEIDI, R,, Type or Print Name of Treasurer GLIBOFF, HEIDI, R,, [Electronically Filed] 06 18 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FF0 =	4 (7)	
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		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate	KHAN, BADRUN, N.,	
	didate / Affiliati	on DEM Office Sought: * House Senate President	State NY District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee	Name	_
BADRUN FO	OR CONGRESS	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor	
NONE		
		! _
Mailing Address		\square
		Ш
	CITY STATE ZIP CODE	Ш
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon	sor
Custodian of Decard		_
books and records.	s: Identify by name, address (phone number optional) and position of the person in possession of committ	lee
1		1
Full Name		
Mailing Address		Ш
		Ш.
		Ш
Title or Position	CITY STATE ZIP CODE	
1	Telephone number	.
		_
B. Treasurer: List the name any designated agent	me and address (phone number optional) of the treasurer of the committee; and the name and address of (e.g., assistant treasurer).	F
any designated agent	(e.g., assistant treasurer).	f
any designated agent	me and address (phone number optional) of the treasurer of the committee; and the name and address of (e.g., assistant treasurer). BOFF, HEIDI, R, ,	f
any designated agent Full Name GLII	(e.g., assistant treasurer).	f
any designated agent Full Name GLII of Treasurer	(e.g., assistant treasurer). BOFF, HEIDI, R, ,	
any designated agent Full Name GLII of Treasurer	(e.g., assistant treasurer). BOFF, HEIDI, R, , [5907 175TH PLACE	f
any designated agent Full Name GLII of Treasurer	(e.g., assistant treasurer). BOFF, HEIDI, R, , 5907 175TH PLACE Suite PH	f
any designated agent Full Name GLII of Treasurer Mailing Address	(e.g., assistant treasurer). BOFF, HEIDI, R, , 5907 175TH PLACE Suite PH Fresh Meadows NY 11365	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Name of Bank, De		
Name of Bank, Do		
	TD Bank 175-30 Horace Harding Expy Fresh Meadows NY 11365	ZIP CODE
	TD Bank 175-30 Horace Harding Expy Fresh Meadows CITY STATE	ZIP CODE
Mailing Address Name of Bank, De	TD Bank 175-30 Horace Harding Expy Fresh Meadows CITY STATE Propository, etc.	ZIP CODE
Mailing Address	TD Bank 175-30 Horace Harding Expy Fresh Meadows CITY STATE Propository, etc.	ZIP CODE
Mailing Address Name of Bank, De	TD Bank 175-30 Horace Harding Expy Fresh Meadows CITY STATE Propository, etc.	ZIP CODE