Only

## STATEMENT OF

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**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. Lindsay Brown for Congress 2018 352 West Ln ADDRESS (number and street) (Check if address is changed) Clark 07066 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@lindsaybrownforcongress.com (Check if address is changed) Optional Second E-Mail Address theocean85@comcast.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2017 C00654954 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. Carfagno, Christopher, , , Type or Print Name of Treasurer Carfagno, Christopher, , , [Electronically Filed] 09 08 2017 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

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Name Cand	e of didate	Brown, Lindsay, , ,	
	didate / Affiliati	on REP Office Sought: <b>X</b> House Senate President	State NJ District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	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 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 scommittee. (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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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		<u> </u>
Lindsay Brov	vn for Congress 2018	
	ted Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the	he person in possession of committee
Carfa	agno, Christopher, , ,	, , , , , , , , , , , , , , , , , , ,
Mailing Address	1005 Clifford Brown Walk	
	<u> </u>	<u> </u>
	Wilmington DE	19801
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	302 - 331 - 9340
	ne and address (phone number optional) of the treasurer of the commi e.g., assistant treasurer).	ittee; and the name and address of
Full Name Carfa	igno, Christopher, , ,	
Mailing Address	1005 Clifford Brown Walk	
	Wilmington	19801
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- 551 - 5540

FEC Form 1 (Re	evised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
Name of Bank, Deposit	maintains funds. tory, etc.  Bank  1010 Raritan Rd	07066
Name of Bank, Deposit	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  NJ 19	
Name of Bank, Deposit	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  CITY  STATE	07066
Name of Bank, Deposit  TD  Mailing Address	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  CITY  STATE	07066
Name of Bank, Deposit  TD  Mailing Address	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  CITY  STATE	07066
Name of Bank, Deposit  TD  Mailing Address	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  CITY  STATE	07066
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  CITY  STATE	07066
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  Bank  1010 Raritan Rd  Clark  CITY  STATE	07066