

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

TOMPKINS COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street)

PO BOX 6798

(Check if address is changed)

ITHACA

CITY

NY

STATE

14851

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

loricgardner@twc.com

Optional Second E-Mail Address lgardner342@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://www.tcdemocrats.org

2. DATE

10 / 07 / 2019

3. FEC IDENTIFICATION NUMBER

C C00490615

4. IS THIS STATEMENT

(Checked)

NEW (N)

OR

(Unchecked)

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 Gardner, Lori, Constance, Ms,

Signature of Treasurer

Gardner, Lori, Constance, Ms,

[Electronically Filed]

Date

10 / 07 / 2019

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.

Table with 5 columns and 1 row for Office Use Only.

For 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 _____

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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

TOMPKINS COUNTY DEMOCRATIC 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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Gardner, Lori, Constance, Ms,

Mailing Address

124 Old Peruville Rd

Groton

CITY

NY

STATE

13073

ZIP CODE

Title or Position
treasurer

Telephone number

607

898

9593

Full Name of Designated Agent Gustafson, James, , Mr,
Mailing Address 350 baker hill rd
freeville NY 13068
CITY STATE ZIP CODE
Title or Position chair Telephone number 607 - 275 - 0682

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.

alternatives federal credit union

Mailing Address 125 N Fulton St
Ithaca NY 14850
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

tompkins trust co

Mailing Address po box 460
Ithaca NY 14851
CITY STATE ZIP CODE