Image# 201511189003374386				11/10/2015 21 . 45
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
		<b>ND</b>		
ADDRESS (number and street)	138 CONANT STREET			
Check if address	2ND FLOOR			
is changed)	BEVERLY			5
COMMITTEE'S E-MAIL ADDR				
(Check if address is changed)	HUDSONVALLEY@R			
ie enangez)	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 11 /	18 / Y Y Y Y 2015			
3. FEC IDENTIFICATION	NUMBER ► C C	00512541		
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 i	t is true, correct and o	complete.
				·
Type or Print Name of Treasu	Irer BRADLEY T. CRATE			
Signature of Treasurer	ADLEY T. CRATE	[Electronically Filed]	Date 11	18 / Y Y Y Y 2015
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ON SHOULD BE REPORTED \		enalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	EC Fo	m 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	
Cano	didate	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. (Complein information below.)	te the candidate
Name Candi			
Candi Party	date Affiliatio	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Com	mittee:	
(d)			emocratic, publican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## HUDSON VALLEY FUTURE FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address	PO BOX 394	
	FISHKILL	NY 12524
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint	Fundraising Representative X 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.

BRADLEY	T. CRATE
Full Name	
Mailing Address	138 CONANT STREET
	2ND FLOOR
	BEVERLY MA 01915   Image: Image
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	BRADLEY T. CRATE
Mailing Address	138 CONANT STREET
	BEVERLY
	CITY STATE ZIP CODE
Title or Position	Telephone number 617 - 303 - 6800

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Full Name of Designated Agent				1					1			1		1															_
Mailing Address																													
								1	1	1		1	1	1					1										
					(	CIT	Y										S	TA	ΤE					ZI	PC	OD	Ε		
Title or Position																													
												Т	ele	oho	ne	nu	mb	er											

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.

C			
Mailing Address	1445 LAUGHLIN AVENUE		
			2101-5737
	CITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE