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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office ESE CHIMAIL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
FRIENDS OF	MATIT ALEX	ANDER				
ADDRESS (number and street)	12.7.26 W MA	, N 5,7				
(Check if address						
is changed)	WAPPINAGERS, FACES MY VIZISISIO-					
	C	HTY	STATE ZIP CODE			
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-r	nail address)				
(Check if address	INFORFAIENDS Q FMATTALEXANDER , COM ,					
is changed)						
COMMITTEE'S WEB PAGE ADI	DRESS (URL)					
(Check if address	WWW. FRIENDISOFMATTALEXANDER-COM					
is changed)						
2. DATE / D / 2 20//						
3. FEC IDENTIFICATION N	JMBER C					
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 BRIDGET GANNON						
Signature of Treasurer Studget Sanson Date 10 12 2011						
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 Use		For further information of Federal Election Commission Toll Free 800-424-9530				

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TYPE OF C		
Candidate	e 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. (Comple information below.)	te the candidate
Name of Candidate	MATITI ALEXANGER	ليبيب
Candidate	on $ abla \mathcal{E}_{\mathcal{H}} $ Office $ abla$ House Senate President	State NY
Party Affiliation	on) EM Sought: X House Senate President	District 19
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	_	
(d)		emocratic, publican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
	Corporation w/o Capital Stock L	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
Joint Fund	Iraising 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 foderal candidate.	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.	or more political
Com	mittees Participating in Joint Fundraiser	
COIII	· · · · · · · · · · · · · · · · · · ·	
1.	FEC ID number C	
2.	FEC ID number C	
· 3.	FEC ID number C	٠.
4.		·

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Write or Type Committee N	lame	
FRIENDS	OF MATT ALEXANDER	
	ed Organization, Affiliated Committee, Joint Fundralsing Repres	entative, or Leadership PAC Sponsor
TO ONLY WAR IN		
IFIQUENDS O	H IMATTI IALIENAMOIARI I I I I I	
Mailing Address	DISION MANUS FILE	
	WAIPIDI INGERI FIAZLISI I I	Ny 1,25,9,0-
	CITY	STATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Ro	epresentative Leadership PAC Sponsor
·		. ,
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	of the person in possession of committee
Full Name BR	1,06,E7, GANNON 7,46,15,2,62A	K
Mailing Address	24 W ACADEMY ST	
Mailing Address	1	
	WARPINGERS FACLES	WY 1/25390-1
	WARTINGE 40 FINC 40	W19 [125,90]-
Title or Position	CITY S	TATE ZIP CODE
TAGASIDAE	Telephone number	er 1845-632-2684
Treasurer: List the name any designated agent (e.g., and the second control of the	e and address (phone number optional) of the treasurer of the co.g., assistant treasurer).	ommittee; and the name and address of
Full Name of Treasurer	1,0647, 16,AN, NOIN TYEIS, ZCZA	<u>K</u>
Mailing Address	LY W BGADERY ST	
	CITY STAKES	NS [/12 5 5 0]-[111] TATE ZIP CODE
Title or Position	4	1046116221126041
TAKASUME	Telephone numbe	or 1845 - 627 - 2689

Full Name of Designated Agent	ARK FAGGRIANE.					
Mailing Address	29-142-15, 2679	ALE				
	Euro	111111				
	FCD5MANG CITY	STATE	ZIP CODE			
Title or Position	Teleph	none number <u>[[</u>	4,6]-[⁷ ,3,4]-[3,4,5,8]			
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.						
13.14.14	VEBELU SAUNGS BA	M(
Mailing Address	6414 MONTGOMERY					
	RMINEBECK,	L WY	125774-			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, e	etc.	***************************************				
Lii						
Mailing Address						
·						
		ليا ليا	<u> </u>			
	CITY	STATE	ZIP CODE			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail 10/14/11 Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED